```
=> fil reg
FILE 'REGISTRY' ENTERED AT 16:53:02 ON 17 DEC 2002
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Property values tagged with IC are from the ZIC/VINITI data file
provided by InfoChem.

STRUCTURE FILE UPDATES:   16 DEC 2002  HIGHEST RN 476406-96-9
DICTIONARY FILE UPDATES:  16 DEC 2002  HIGHEST RN 476406-96-9

TSCA INFORMATION NOW CURRENT THROUGH MAY 20, 2002

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

Crossover limits have been increased.  See HELP CROSSOVER for details.

Experimental and calculated property data are now available.  See HELP
PROPERTIES for more information.  See STNote 27, Searching Properties
in the CAS Registry File, for complete details:
http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf

=> d l71 ide can

L71 ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2002 ACS
RN   9068-52-4  REGISTRY
CN   Phosphodiesterase, guanosine cyclic 3',5'-phosphate (9CI)  (CA
     INDEX NAME)
OTHER NAMES:
CN   3',5'-cGMP phosphodiesterase
CN   3',5'-Cyclic GMP phosphodiesterase
CN   cGMP phosphodiesterase
CN   cGMP-binding cGMP-specific phosphodiesterase
CN   cGMP-dependent phosphodiesterase
CN   cGMP-specific cyclic nucleotide phosphodiesterase
CN   cGMP-specific phosphodiesterase
CN   Cyclic 3',5'-GMP phosphodiesterase
CN   Cyclic GMP phosphodiesterase
CN   Cyclic GMP-dependent phosphodiesterase
CN   Cyclic guanosine 3',5'-monophosphate phosphodiesterase
CN   Cyclic guanosine 3',5'-phosphate phosphodiesterase
CN   E.C. 3.1.4.35
CN   Guanosine cyclic 3',5'-phosphate phosphodiesterase
CN   Guanylate phosphodiesterase
CN   PDE5
CN   PDE6
CN   PDE9
CN   Phosphodiesterase 5
CN   Phosphodiesterase 6
CN   Phosphodiesterase type 5
CN   Phosphodiesterase V
CN   Phosphodiesterase VI
CN   Photoreceptor phosphodiesterase
CN   Type V cGMP-specific phosphodiesterase
CN   Type V phosphodiesterase
MF   Unspecified
CI   MAN
LC   STN Files:   ADISNEWS, AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO,
       CA, CAPLUS, CASREACT, CEN, CIN, EMBASE, IFICDB, IFIPAT, IFIUDB, PROMT,
       TOXCENTER, USPAT2, USPATFULL
```

Jan Delaval
Reference Librarian
Biotechnology & Chemical Library
CM1 1E07 - 703-308-4498
jan.delaval@uspto.gov

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***
1981 REFERENCES IN FILE CA (1962 TO DATE)
8 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
1985 REFERENCES IN FILE CAPLUS (1962 TO DATE)

REFERENCE 1: 137:367801

REFERENCE 2: 137:362613

REFERENCE 3: 137:362175

REFERENCE 4: 137:358181

REFERENCE 5: 137:353069

REFERENCE 6: 137:353068

REFERENCE 7: 137:353027

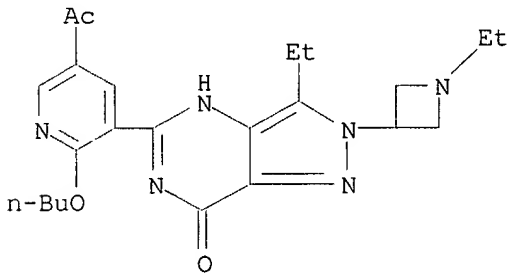
REFERENCE 8: 137:353026

REFERENCE 9: 137:353023

REFERENCE 10: 137:353008

=> d l72 ide can tot

L72 ANSWER 1 OF 6 REGISTRY COPYRIGHT 2002 ACS
RN **335077-70-8** REGISTRY
CN 7H-Pyrazolo[4,3-d]pyrimidin-7-one, 5-(5-acetyl-2-butoxy-3-pyridinyl)-3-ethyl-2-(1-ethyl-3-azetidinyl)-2,4-dihydro- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 5-(5-Acetyl-2-butoxy-3-pyridinyl)-3-ethyl-2-(1-ethyl-3-azetidinyl)-2,6-dihydro-7H-pyrazolo[4,3-d]pyrimidin-7-one
FS 3D CONCORD
MF C23 H30 N6 O3
CI COM
SR CA
LC STN Files: CA, CAPLUS, CASREACT, TOXCENTER, USPAT2, USPATFULL



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

11 REFERENCES IN FILE CA (1962 TO DATE)
11 REFERENCES IN FILE CAPLUS (1962 TO DATE)

REFERENCE 1: 137:278918

REFERENCE 2: 137:232667

REFERENCE 3: 136:380144

REFERENCE 4: 136:335540

REFERENCE 5: 136:194255

REFERENCE 6: 136:134780

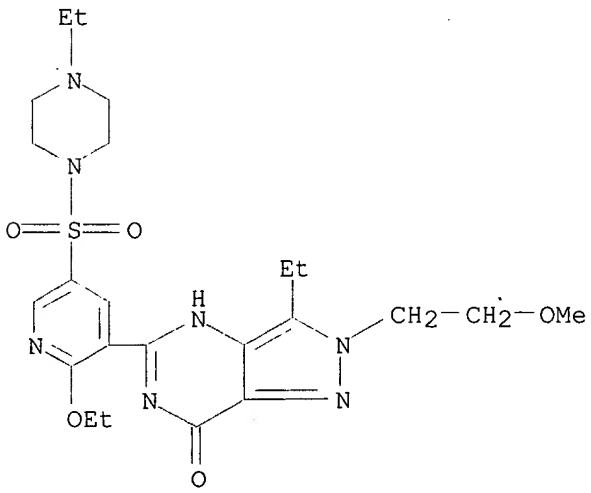
REFERENCE 7: 136:134779

REFERENCE 8: 136:96099

REFERENCE 9: 135:344497

REFERENCE 10: 135:180782

L72 ANSWER 2 OF 6 REGISTRY COPYRIGHT 2002 ACS
RN **334826-98-1** REGISTRY
CN Piperazine, 1-[[6-ethoxy-5-[3-ethyl-4,7-dihydro-2-(2-methoxyethyl)-7-oxo-2H-pyrazolo[4,3-d]pyrimidin-5-yl]-3-pyridinyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 2-(Methoxyethyl)-5-[2-ethoxy-5-(4-ethylpiperazin-1-ylsulfonyl)pyridin-3-yl]-3-ethyl-2,6-dihydro-7H-pyrazolo[4,3-d]pyrimidin-7-one
CN 5-[2-Ethoxy-5-(4-ethylpiperazin-1-ylsulfonyl)pyridin-3-yl]-3-ethyl-2-(2-methoxyethyl)-2,6-dihydro-7H-pyrazolo[4,3-d]pyrimidin-7-one
FS 3D CONCORD
MF C23 H33 N7 O5 S
CI COM
SR CA
LC STN Files: CA, CAPLUS, CASREACT, TOXCENTER, USPAT2, USPATFULL



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

14 REFERENCES IN FILE CA (1962 TO DATE)
14 REFERENCES IN FILE CAPLUS (1962 TO DATE)

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REFERENCE 2: 137:278918

REFERENCE 3: 136:380144

REFERENCE 4: 136:335540

REFERENCE 5: 136:194255

REFERENCE 6: 136:151153

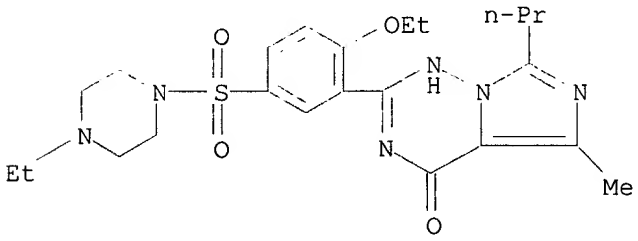
REFERENCE 7: 136:134779

REFERENCE 8: 136:96099

REFERENCE 9: 136:69817

REFERENCE 10: 136:53761

L72 ANSWER 3 OF 6 REGISTRY COPYRIGHT 2002 ACS
RN **224785-90-4** REGISTRY
CN Piperazine, 1-[[3-(1,4-dihydro-5-methyl-4-oxo-7-propylimidazo[5,1-f][1,2,4]triazin-2-yl)-4-ethoxyphenyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 2-[2-Ethoxy-5-(4-ethylpiperazin-1-yl-1-sulfonyl)phenyl]-5-methyl-7-propyl-3H-imidazo[5,1-f][1,2,4]triazin-4-one
CN Vardenafil
FS 3D CONCORD
MF C23 H32 N6 O4 S
CI COM
SR CA
LC STN Files: ADISINSIGHT, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, DRUGPAT, DRUGUPDATES, EMBASE, IPA, MEDLINE, PHAR, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

21 REFERENCES IN FILE CA (1962 TO DATE)
1 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
22 REFERENCES IN FILE CAPLUS (1962 TO DATE)

REFERENCE 1: 137:353069

REFERENCE 2: 137:353068

REFERENCE 3: 137:299923

REFERENCE 4: 137:278918

REFERENCE 5: 137:210286

REFERENCE 6: 137:149658

REFERENCE 7: 137:47233

REFERENCE 8: 136:380144

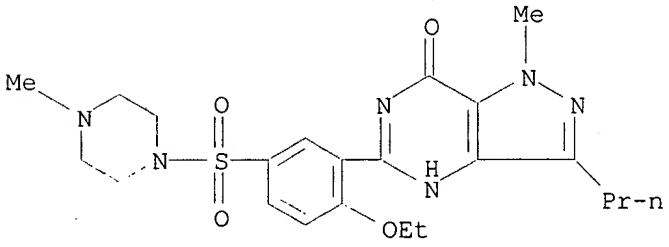
REFERENCE 9: 136:335540

REFERENCE 10: 136:284433

L72 ANSWER 4 OF 6 REGISTRY COPYRIGHT 2002 ACS
RN **171599-83-0** REGISTRY
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl-, 2-hydroxy-1,2,3-propanetricarboxylate (1:1) (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 1-[[3-(6,7-Dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methylpiperazine, 2-hydroxy-1,2,3-propanetricarboxylate (1:1)
CN Sildenafil citrate
CN UK 92480-10
CN Viagra
MF C22 H30 N6 O4 S . C6 H8 O7
CI COM
SR CAS Registry Services
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, CA, CAPLUS, CBNB, CEN, CHEMCATS, CIN, DIOGENES, DRUGPAT, DRUGUPDATES, IPA, MRCK*, PHAR, PHARMASEARCH, PIRA, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)

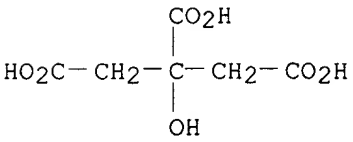
CM 1

CRN 139755-83-2
CMF C22 H30 N6 O4 S



CM 2

CRN 77-92-9
CMF C6 H8 O7



217 REFERENCES IN FILE CA (1962 TO DATE)
219 REFERENCES IN FILE CAPLUS (1962 TO DATE)

REFERENCE 1: 137:362186

REFERENCE 2: 137:358181

REFERENCE 3: 137:346242

REFERENCE 4: 137:325360

REFERENCE 5: 137:304287

REFERENCE 6: 137:299922

REFERENCE 7: 137:288784

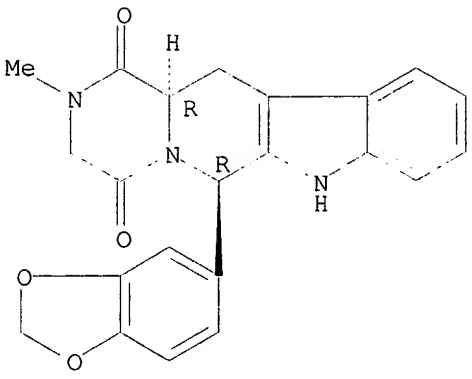
REFERENCE 8: 137:288777

REFERENCE 9: 137:272799

REFERENCE 10: 137:272754

L72 ANSWER 5 OF 6 REGISTRY COPYRIGHT 2002 ACS
RN **171596-29-5** REGISTRY
CN Pyrazino[1',2':1,6]pyrido[3,4-b]indole-1,4-dione, 6-(1,3-benzodioxol-5-yl)-2,3,6,7,12,12a-hexahydro-2-methyl-, (6R,12aR)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Pyrazino[1',2':1,6]pyrido[3,4-b]indole-1,4-dione, 6-(1,3-benzodioxol-5-yl)-2,3,6,7,12,12a-hexahydro-2-methyl-, (6R-trans)-
OTHER NAMES:
CN (6R,12aR)-2,3,6,7,12,12a-hexahydro-2-methyl-6-(3,4-methylenedioxyphenyl)pyrazino[1',2':1,6]pyrido[3,4-b]indole-1,4-dione
CN Cialis
CN GF 196960
CN IC 351
CN ICOS 351
CN Tadalafil
FS STEREOSEARCH
DR 240822-07-5, 282541-36-0
MF C22 H19 N3 O4
SR CA
LC STN Files: ADISINSIGHT, BIOSIS, BIOTECHNO, CA, CAPLUS, CBNB, CHEMCATS, CIN, DRUGNL, DRUGPAT, DRUGUPDATES, EMBASE, IPA, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL

Absolute stereochemistry. Rotation (+).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

37 REFERENCES IN FILE CA (1962 TO DATE)
1 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
38 REFERENCES IN FILE CAPLUS (1962 TO DATE)

REFERENCE 1: 137:304567

REFERENCE 2: 137:299922

REFERENCE 3: 137:278918

REFERENCE 4: 137:103318

REFERENCE 5: 137:87748

REFERENCE 6: 137:3711

REFERENCE 7: 136:380144

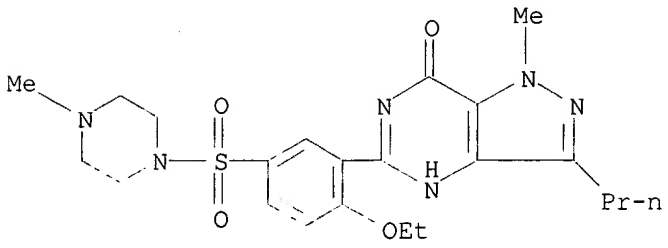
REFERENCE 8: 136:369739

REFERENCE 9: 136:335540

REFERENCE 10: 136:284433

L72 ANSWER 6 OF 6 REGISTRY COPYRIGHT 2002 ACS
RN **139755-83-2** REGISTRY
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1H-Pyrazolo[4,3-d]pyrimidine, piperazine deriv.
OTHER NAMES:
CN 5-[2-Ethoxy-5-(4-methyl-1-piperazinylsulfonyl)phenyl]-1-methyl-3-n-propyl-1,6-dihydro-7H-pyrazolo[4,3-d]pyrimidin-7-one
CN Sildenafil
FS 3D CONCORD
MF C22 H30 N6 O4 S
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL, VETU

(*File contains numerically searchable property data)
Other Sources: WHO



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

352 REFERENCES IN FILE CA (1962 TO DATE)
5 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
354 REFERENCES IN FILE CAPLUS (1962 TO DATE)

REFERENCE 1: 137:358181

REFERENCE 2: 137:346242

REFERENCE 3: 137:345863

REFERENCE 4: 137:345526

REFERENCE 5: 137:345487

REFERENCE 6: 137:319924

REFERENCE 7: 137:316110

REFERENCE 8: 137:304625

REFERENCE 9: 137:304568

REFERENCE 10: 137:304287

=> fil hcaplus
FILE 'HCAPLUS' ENTERED AT 16:53:51 ON 17 DEC 2002
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
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FILE COVERS 1907 - 17 Dec 2002 VOL 137 ISS 25

FILE LAST UPDATED: 16 Dec 2002 (20021216/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

CAS roles have been modified effective December 16, 2001. Please check your SDI profiles to see if they need to be revised. For information on CAS roles, enter HELP ROLES at an arrow prompt or use the CAS Roles thesaurus (/RL field) in this file.

=> d all hitstr tot l69

L69 ANSWER 1 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:883235 HCAPLUS
TI A Prospective Study Comparing Paroxetine Alone Versus Paroxetine Plus **Sildenafil** in Patients With **Premature Ejaculation**
AU Salonia, Andrea; Maga, Tommaso; Colombo, Renzo; Scattoni, Vicenzo; Briganti, Alberto; Cestari, Andrea; Guazzoni, Giorgio; Rigatti, Patrizio; Montorsi, Francesco
SO Journal of Urology (Hagerstown, MD, United States) (2002), 168(6), 2486-2489
CODEN: JOURAA; ISSN: 0022-5347
PB Lippincott Williams & Wilkins
DT Journal
LA English
CC 1 (Pharmacology)
AB PURPOSE We compared the efficacy of paroxetine alone and combined with **sildenafil** in patients complaining of **premature ejaculation**.MATERIALS AND METHODS Enrolled in this study were 80 consecutive potent men 19 to 47 yr old (mean age 34) with **premature ejaculation** but without any obvious org. cause. Pretreatment evaluation included a history, self-administration of the International Index of Erectile Function (IIEF) questionnaire, phys. examn. and the Meares-Stamey test to exclude genital tract infection. The initial 40 patients received 10 mg. paroxetine daily for 21 days and then 20 mg. as needed, that is 3 to 4 h before planned sexual activity, for 6 mo (group 1). The other group of 40 men received 10 mg. paroxetine daily for 21 days and then 20 mg. as needed plus 50 mg. **sildenafil** as needed, that is 1 h before planned sexual activity, for 6 mo (group 2). Patients were followed 3 and 6 mo after beginning therapy and were evaluated using several general assessment questions, IIEF and **ejaculatory** latency time.RESULTS Mean **ejaculatory** latency time .+-. SE in group 1 was 0.33 .+-. 0.04, 3.7 .+-. 0.10 ($p < 0.01$) and 4.2 .+-. 0.03 ($p < 0.01$) minutes at baseline, 3 and 6-mo followup, while in group 2 it was 0.35 .+-. 0.03, 4.5 .+-. 0.07 ($p < 0.01$) and 5.3 .+-. 0.02 ($p < 0.001$) minutes, resp. When improvement in **ejaculatory** latency time was compared in the 2 groups, group 2 results proved to be significantly greater ($p < 0.05$). Baseline, and 3 and 6-mo mean intercourse satisfaction domain values of the IIEF were 9, 11 and 11 ($p = 0.09$, not significant), and 9, 11 and 14 ($p < 0.05$) in groups 1 and 2, resp. Group 2 patients reported significantly greater intercourse satisfaction than those in group 1 ($p < 0.05$). At baseline, 3 and 6 mo there was a mean of 0.9 .+-. 0.1, 1.7 .+-. 0.3 (not significant) and 2.5 .+-. 0.3 ($p < 0.01$) coitus episodes weekly in group 1, and 1 .+-. 0.2, 2.3 .+-. 0.3 ($p < 0.01$) and 3.2 .+-. 0.1 ($p < 0.001$) in group 2, resp. Group 2 patients reported a significantly higher no. of coitus episodes weekly ($p < 0.05$). Side effects in the 40 group 1 cases included anejaculation in 1 (2.5%), gastrointestinal upset and/or nausea in 5 (12.5%), headache in 4 (10%) and decreased libido in 2 (5%). Side effects in the 40 group 2 cases included anejaculation in 1 (2.5%), headache in 8 (20%), gastrointestinal upset and/or nausea in 6 (15%) and flushing in 6 (15%). Group 2 patients reported significantly more headaches ($p < 0.01$) and

flushing episodes (p <0.001) than those in group 1. After 6 mo of treatment 33 men (82.5%) in group 1 and 36 (90%) in group 2 were willing to continue therapy (not significant).CONCLUSIONS Paroxetine combined with **sildenafil** appears to provide significantly better results in terms of **ejaculatory** latency time and intercourse satisfaction vs. paroxetine alone in potent patients with **premature ejaculation**. However, combined treatment is assocd. with a mild increase in drug related side effects.

L69 ANSWER 2 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:833515 HCAPLUS
DN 137:333176
TI As-needed administration of tricyclic and other non-SRI antidepressant drugs to treat **premature ejaculation**
IN Tam, Peter; Gesundheit, Neil; Wilson, Leland F.
PA USA
SO U.S. Pat. Appl. Publ., 15 pp., Cont.-in-part of U.S. Ser. No. 721,412.
CODEN: USXXCO
DT Patent
LA English
IC ICM A61K031-44
NCL 514278000
CC 1-12 (Pharmacology)
Section cross-reference(s): 63
FAN.CNT 2

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2002161016	A1	20021031	US 2001-996407	20011121
PRAI	US 2000-721412	A2	20001121		

AB A method is provided for treatment of **premature ejaculation** by administration of an antidepressant drug selected from tricyclic antidepressants, tetracyclic antidepressants, MAO inhibitors, azaspirone antidepressants, and atypical non-SRI antidepressants. In a preferred embodiment, administration is on as "as-needed" basis, i.e., the drug is administered immediately or at most several hours prior to sexual activity. Pharmaceutical formulations and packaged kits are also provided.
ST **premature ejaculation** treatment antidepressant
IT Drug delivery systems
(aerosols; antidepressant drugs for treatment of **premature ejaculation**)
IT Cardiovascular agents
Drug delivery systems
Human
Sexual behavior
(antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(beads; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(buccal; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(caplets; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(capsules; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(chewing gums; antidepressant drugs for treatment of **premature ejaculation**)
IT Alkaloids, biological studies

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(ergot; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(granules; antidepressant drugs for treatment of **premature ejaculation**)
IT Polymers, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(hydrolyzable; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(immediate-release; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(inhalants; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(liqs.; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(mucosal; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(nasal; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(oral; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(parenterals; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(pellets; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(powders; antidepressant drugs for treatment of **premature ejaculation**)
IT **Sexual behavior**
(**premature ejaculation**; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(rapid-release; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(rectal; antidepressant drugs for treatment of **premature ejaculation**)
IT **Sexual behavior**
(sexual intercourse; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(solns.; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(sprays; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(sublingual; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems
(suppositories; antidepressant drugs for treatment of **premature ejaculation**)
IT Drug delivery systems

(suspensions; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(syrups; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(tablets, buccal; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(tablets, effervescent; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(tablets, open matrix network; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(tablets, rapidly disintegrating; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(tablets, sublingual; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(tablets; antidepressant drugs for treatment of **premature ejaculation**)

IT Antidepressants
(tetracyclic, azaspirone, and atypical non-SRI; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(transdermal; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(transurethral; antidepressant drugs for treatment of **premature ejaculation**)

IT Antidepressants
(tricyclic; antidepressant drugs for treatment of **premature ejaculation**)

IT Drug delivery systems
(unit doses; antidepressant drugs for treatment of **premature ejaculation**)

IT 57564-91-7
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(and NONOates; antidepressant drugs for treatment of **premature ejaculation**)

IT 50-37-3, Lysergide 50-47-5, Desipramine 50-48-6 50-49-7, Imipramine 50-53-3, Chlorpromazine, biological studies 50-60-2, Phentolamine 51-12-7, Nialamide 51-41-2, Norepinephrine 51-43-4, Epinephrine 51-50-3, Dibenamine 51-61-6, Dopamine, biological studies 51-67-2, Tyramine 51-71-8, Phenelzine 52-86-8, Haloperidol 54-49-9, Metaraminol 54-92-2, Iproniazid 55-52-7, Pheniprazine 55-63-0, Nitroglycerin 55-65-2, Guanethidine 55-73-2, Bethanidine 58-25-3, Chlordiazepoxide 58-32-2, Dipyridamole 59-42-7, Phenylephrine 59-63-2, Isocarboxazid 59-96-1, Phenoxybenzamine 59-98-3, Tolazoline 64-04-0, Benzeneethanamine 65-64-5, Mebanazine 72-69-5 73-22-3, Tryptophan, biological studies 84-22-0, Tetrahydrozoline 86-54-4, Hydralazine 87-33-2, Isosorbide dinitrate 90-82-4, Pseudoephedrine 92-84-2, Phenothiazine 92-84-2D, Phenothiazine, derivs. 100-92-5, Mephentermine 101-40-6, Propylhexedrine 103-86-6, Hydroxyamphetamine 113-15-5, Ergotamine 113-45-1, Methylphenidate 113-53-1, Dothiepin 129-03-3, Cyproheptadine 129-51-1, Ergonovine maleate 138-56-7, Trimethobenzamide 146-22-5, Nitrazepam 146-48-5, Yohimbine 155-09-9, Tranylcypromine 299-42-3, Ephedrine 300-62-9, Amphetamine 302-40-9, Benactyzine 303-49-1, Clomipramine 315-72-0, Opipramol 361-37-5, Methysergide 363-24-6, Prostaglandin E2 364-62-5, Metoclopramide

364-98-7, Diazoxide 379-79-3, Ergotamine tartrate 390-28-3, Methoxamine 395-28-8, Isoxsuprine 438-60-8, Protriptyline 439-14-5, Diazepam 456-59-7, Cyclandelate 458-24-2, Fenfluramine 495-40-9, Butyrophenone 495-40-9D, Butyrophenone, derivs. 522-00-9, Isothazine 525-66-6, Propranolol 526-36-3, Xylometazoline 530-08-5, Isoetharine 536-24-3, Ethylnorepinephrine 537-46-2, Methamphetamine 555-30-6, Methyldopa 555-57-7, Pargyline 586-06-1, Metaproterenol 604-75-1, Oxazepam 739-71-9, Trimipramine 745-62-0, Prostaglandin F1.alpha. 745-64-2, Prostaglandin F3.alpha. 745-65-3, Prostaglandin E1 802-31-3, Prostaglandin E3 835-31-4, Naphazoline 846-49-1, Lorazepam 846-50-4, Temazepam 963-39-3, Demoxepam 1002-16-0, Amyl nitrate 1088-11-5, Nordazepam 1131-64-2, Debrisoquine 1159-93-9, Clobenzepam 1491-59-4, Oxymetazoline 1622-61-3, Clonazepam 1668-19-5, Doxepin 2152-34-3, Pemoline 2165-19-7, Guanoxan 2235-90-7, .alpha.-Ethyltryptamine 2955-38-6, Prazepam 3031-48-9, Acetergamine 3239-44-9, Dexfenfluramine 3544-35-2, Iproclozide 3930-20-9, Sotalol 3964-81-6, Azatadine 4205-90-7, Clonidine 4350-09-8, Oxitriptan 4498-32-2, Dibenzepin 4757-55-5, Dimetacrine 5001-32-1, Guanoclor 5051-62-7, Guanabenz 5118-29-6, Melitracen 5560-72-5, Iprindole 5786-21-0, Clozapine 5793-04-4, Propisergide 6452-71-7, Oxprenolol 6640-24-0 7297-25-8, Erythrityl tetranitrate 7424-00-2, Fenclonine 7683-59-2, Isoproterenol 10262-69-8, Maprotiline 10321-12-7, Propizepine 13345-50-1, Prostaglandin A2 13345-51-2, Prostaglandin B1 13367-85-6, Prostaglandin B2 13392-18-2, Fenoterol 13523-86-9, Pindolol 14028-44-5, Amoxapine 14152-28-4, Prostaglandin A1 14402-89-2, Sodium nitroprusside 14611-51-9, Selegiline 14838-15-4, Phenylpropanolamine 15301-93-6, Tofenacin 16142-27-1, Linsidomine chlorhydrate 17025-13-7, 19-Hydroxy-prostaglandin B1 17321-77-6, Clomipramine hydrochloride 17617-23-1, Flurazepam 17692-51-2, Metergoline 17780-72-2, Clorgyline 18559-94-9, Albuterol 18866-78-9, Colterol 19216-56-9, Prazosin 19313-28-1, Prostaglandin E0 19794-93-5, Trazodone 19889-45-3, Guabenxan 21730-16-5, Metapramine 22336-84-1, Metergotamine 22664-55-7, Metipranolol 23031-25-6, Terbutaline 23047-25-8, Lofepramine 23092-17-3, Halazepam 23887-31-2, Clorazepate 24219-97-4, Mianserin 24526-64-5, Nomifensine 24701-51-7, Demexiptiline 25717-80-0, Molsidomine 25905-77-5, Minaprine 26629-87-8, Oxaflozane 26652-09-5, Ritodrine 26839-75-8, Timolol 26844-12-2, Indoramin 27848-84-6, Nicergoline 28548-76-7, 19-Hydroxy-prostaglandin A1 28911-01-5, Triazolam 28981-97-7, Alprazolam 29110-47-2, Guanfacine 29122-68-7, Atenolol 29218-27-7, Toloxatone 29975-16-4, Estazolam 30392-40-6, Bitolterol 31721-17-2, Quinupramine 32059-15-7, Guanazodine 32359-34-5, Medifoxamine 33419-68-0, Safrazine 34368-04-2, Dobutamine 34661-75-1, Urapidil 34911-55-2, Bupropion 35795-16-5, Trimazosin 35941-65-2, Butriptyline 36505-84-7, Buspirone 36735-22-5, Quazepam 36894-69-6, Labetalol 36945-03-6, Lergotrile 37221-79-7, Vasoactive intestinal peptide 37517-30-9, Acebutolol 38304-91-5, Minoxidil 38363-40-5, Penbutolol 38562-01-5, Dinoprost tromethamine 38677-81-5, Pirbuterol 40580-59-4, Guanadrel 42200-33-9, Nadolol 43218-56-0 46817-91-8, Viloxazine 47141-42-4, Levobunolol 51209-75-7 51384-51-1, Metoprolol 51781-06-7, Carteolol 52942-31-1, Etoperidone 54063-53-5, Propafenone 54739-18-3, Fluvoxamine 54739-19-4, Clovoxamine 54910-89-3, Fluoxetine 56290-94-9, Medroxalol 56433-44-4, Oxaprotiline 56775-88-3, Zimeldine 56980-93-9, Celiprolol 57149-07-2, Naftopidil 57262-94-9, Setiptiline 57526-81-5, Prenalterol 57574-09-1, Amineptine 57801-81-7, Brotizolam 58551-69-2, Carboprost tromethamine 59032-40-5, Disulergine 59091-65-5, Delergotrile 59467-70-8, Midazolam 59729-33-8, Citalopram 59859-58-4, Femoxetine 60019-20-7, Brazergoline 60325-46-4, Sulprostone 60560-33-0, Pinacidil 60762-57-4, Pirlindole 61263-35-2, Meteneprost 61413-54-5, Rolipram 61869-08-7, Paroxetine 62473-79-4, Teniloxazine 62658-63-3, Bopindolol 63590-64-7, Terazosin 63638-91-5, Brofaromine 63659-18-7, Betaxolol 64318-79-2, Gemeprost 64638-07-9 64795-23-9, Etisulergine 64795-35-3, Mesulergine

66085-59-4, Nimodipine 66104-22-1, Pergolide 66208-11-5, Ifoxetine
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Cianopramine 67392-20-5 67776-06-1
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
(Biological study); USES (Uses)
(antidepressant drugs for treatment of **premature ejaculation**)

IT 69256-46-8, 19-Hydroxy-prostaglandin A2 71116-82-0, Tiaprost
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72714-74-0, Viqualine 72797-41-2, Tianeptine 72956-09-3, Carvedilol
73573-87-2, Formoterol 74050-98-9, Ketanserin 74191-85-8, Doxazosin
74627-35-3, Cianergoline 76496-68-9, Levoprotiline 77518-07-1,
Amiflamine 77650-95-4, Proterguride 78263-90-8, 2-Methyl serotonin
78950-78-4 79617-96-2, Sertraline 80410-36-2, Fezolamine 80755-51-7,
Bunazosin 81098-60-4, Cisapride 81147-92-4, Esmolol 81403-80-7,
Alfuzosin 83366-66-9, Nefazodone 83455-48-5, Bromerguride
83928-76-1, Gepirone 85650-52-8, Mirtazapine 87051-43-2, Ritanserin
87691-91-6, Tiaspirone 87760-53-0, Tandospirone 89365-50-4, Salmeterol
89565-68-4, Tropisetron 89613-77-4, Mezacopride 90182-92-6, Zacopride
92623-85-3, Milnacipran 93413-69-5, Venlafaxine 95847-70-4, Ipsapirone
99614-02-5, Ondansetron 103628-46-2, Sumatriptan 106133-20-4,
Tamsulosin 106266-06-2, Risperidone 106650-56-0, Sibutramine
109889-09-0, Granisetron 115956-12-2, Dolasetron 118457-14-0,
Nebivolol 121588-75-8, Amesergide 139290-65-6
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
(Biological study); USES (Uses)
(antidepressant drugs for treatment of **premature ejaculation**)

IT 9001-66-5, Monoamine oxidase 9025-82-5, **Phosphodiesterase**
9036-21-9, **Phosphodiesterase** III **9068-52-4**,
Phosphodiesterase V
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; antidepressant drugs for treatment of **premature ejaculation**)

IT **9068-52-4, Phosphodiesterase V**
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; antidepressant drugs for treatment of **premature ejaculation**)

RN 9068-52-4 HCAPLUS
CN Phosphodiesterase, guanosine cyclic 3',5'-phosphate (9CI) (CA INDEX NAME)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

L69 ANSWER 3 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:659569 HCAPLUS
DN 137:210286
TI **Vardenafil**
AU Ormrod, Douglas; Easthope, Stephanie E.; Figgitt, David P.
CS Adis International Limited, Auckland, N. Z.
SO Drugs & Aging (2002), 19(3), 217-227
CODEN: DRAGE6; ISSN: 1170-229X
PB Adis International Ltd.
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB A review. **Vardenafil** selectively inhibits **phosphodiesterase** type 5 (**PDE5**), an enzyme which hydrolyzes cyclic guanosine monophosphate in the **cavernosum** tissue of the penis. Inhibition of **PDE5** results in increased arterial blood flow leading to enlargement of the **corpus cavernosum**. Because of the increased tumescence, veins are compressed between the **corpus cavernosum** and the tunica albuginea, resulting in an erection. **Vardenafil** has a

high bioavailability and is rapidly absorbed. An erection of >60% rigidity was maintained for approx. twice as long following visual stimulation in patients treated with **vardenafil** 10 or 20mg than in recipients of placebo. In a large, placebo-controlled trial in patients with mild to severe erectile dysfunction (ED), **vardenafil** 5, 10 or 20mg taken as needed over a 12-wk period significantly improved the scores in questions 3 and 4 of the International Index of Erectile Function (IIEF). The rate of successful attempts at intercourse with **ejaculation** was also significantly higher with **vardenafil** (71 to 75%) than in the placebo group (39.5%), and significantly more patients treated with **vardenafil** than placebo responded 'yes' to a Global Assessment Question (GAQ) asking if treatment had improved erections. In a 26-wk trial in 736 men with ED of varied etiologies and severity patients receiving **vardenafil** 5, 10 or 20mg experienced significantly improved erections with 85% of **vardenafil** 20mg recipients reporting improved erectile function (assessed using the GAQ) compared with 28% of placebo recipients. Treatment with **vardenafil** also significantly improved scores in response to questions 3 and 4 of the IIEF compared with placebo. A 12-wk trial in 452 men with ED assocd. with diabetes mellitus demonstrated that treatment with **vardenafil** 20mg compared with placebo significantly improved IIEF erectile function domain scores and the rate of pos. responders to the erectile improvement GAQ. Similar results were reported in a placebo-controlled trial of **vardenafil** 10 to 20mg involving 440 patients with ED after radical prostatectomy. Adverse events assocd. with **vardenafil** were those commonly assocd. with **PDE5** inhibitors: headache, flushing, dyspepsia and rhinitis. These were mostly dose-dependent and mild to moderate in intensity.

ST review vasodilator **PDE5** inhibitor **vardenafil** erectile dysfunction impotence

IT Sexual behavior
(impotence; **vardenafil** for treatment of erectile dysfunction patients)

IT Drug interactions
(pharmacokinetic; **vardenafil** for treatment of erectile dysfunction patients)

IT Prostate gland
(prostatectomy; **vardenafil** for treatment of erectile dysfunction patients after radical prostatectomy)

IT Human
Vasodilators
(**vardenafil** for treatment of erectile dysfunction patients)

IT Diabetes mellitus
(**vardenafil** for treatment of erectile dysfunction patients assocd. with diabetes mellitus)

IT 9068-52-4, **Phosphodiesterase** type 5
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitor; **phosphodiesterase** type 5 inhibitor **vardenafil** for erectile dysfunction patients)

IT **224785-90-4, Vardenafil**
RL: ADV (Adverse effect, including toxicity); DMA (Drug mechanism of action); PAC (Pharmacological activity); PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**vardenafil** for treatment of erectile dysfunction patients)

RE.CNT 31 THERE ARE 31 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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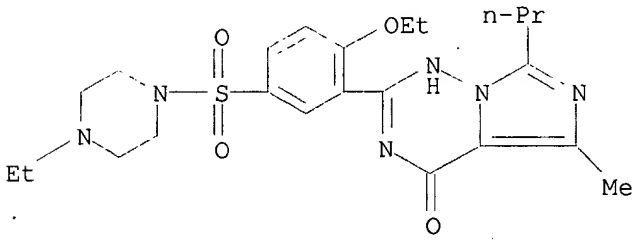
IT **224785-90-4, Vardenafil**
RL: ADV (Adverse effect, including toxicity); DMA (Drug mechanism of action); PAC (Pharmacological activity); PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**vardenafil** for treatment of erectile dysfunction patients)
RN 224785-90-4 HCAPLUS
CN Piperazine, 1-[[3-(1,4-dihydro-5-methyl-4-oxo-7-propylimidazo[5,1-f][1,2,4]triazin-2-yl)-4-ethoxyphenyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)



L69 ANSWER 4 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:391540 HCAPLUS
DN 136:380144
TI **Phosphodiesterase V** inhibitors for the treatment of **premature ejaculation**
IN **Boolell, Mitradev**
PA **Pfizer Limited, UK; Pfizer Inc.**
SO PCT Int. Appl., 31 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K031-505
CC 1-12 (Pharmacology)
FAN.CNT 1
PATENT NO. KIND DATE APPLICATION NO. DATE

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     US 2002091129     A1   20020711       US 2001-990955   20011116 <--
     AU 2002015149     A5   20020527       AU 2002-15149    20011119 <--
PRAI GB 2000-28245     A    20001120  <--
     US 2001-260564P   P    20010109
     WO 2001-IB2180    W    20011119
AB   The invention relates to the use of cGMP
     phosphodiesterase V inhibitors, including in particular
     the compd. sildenafil, for the treatment of premature
     ejaculation in patients with normal erectile function.
ST   phosphodiesterase V inhibitor premature
     ejaculation treatment
IT   Drug delivery systems
        (oral; phosphodiesterase V inhibitors for treatment
        of premature ejaculation)
IT   Sexual behavior
        (premature ejaculation; phosphodiesterase
        V inhibitors for treatment of premature
        ejaculation)
IT   9068-52-4, Phosphodiesterase V
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (inhibitors; phosphodiesterase V inhibitors for
        treatment of premature ejaculation)
IT   139755-83-2, Sildenafil 171596-29-5,
     IC 351 171599-83-0, Viagra
     224785-90-4, Vardenafil 334826-98-1
     335077-70-8
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (phosphodiesterase V inhibitors for treatment of
        premature ejaculation)
RE.CNT  2     THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Kulkarni, S; INDIAN JOURNAL OF PHARMACOLOGY 1998, V30(6), P367 HCAPLUS
(2) Meinhardt, W; DRUG SAFETY 1999, V20(2), P133 HCAPLUS
IT   9068-52-4, Phosphodiesterase V
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (inhibitors; phosphodiesterase V inhibitors for
        treatment of premature ejaculation)
RN   9068-52-4  HCAPLUS
CN   Phosphodiesterase, guanosine cyclic 3',5'-phosphate (9CI)  (CA INDEX NAME)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***
IT   139755-83-2, Sildenafil 171596-29-5,
     IC 351 171599-83-0, Viagra
     224785-90-4, Vardenafil 334826-98-1
     335077-70-8
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (phosphodiesterase V inhibitors for treatment of
        premature ejaculation)
RN   139755-83-2  HCAPLUS
CN   Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-
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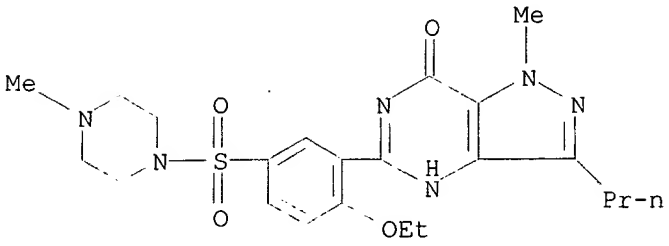
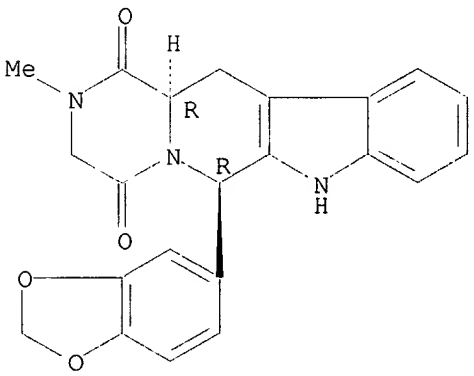
d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



RN 171596-29-5 HCAPLUS
CN Pyrazino[1',2':1,6]pyrido[3,4-b]indole-1,4-dione, 6-(1,3-benzodioxol-5-yl)-2,3,6,7,12,12a-hexahydro-2-methyl-, (6R,12aR)- (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



RN 171599-83-0 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl-, 2-hydroxy-1,2,3-propanetricarboxylate (1:1) (9CI) (CA INDEX NAME)

CM 1

CRN 139755-83-2
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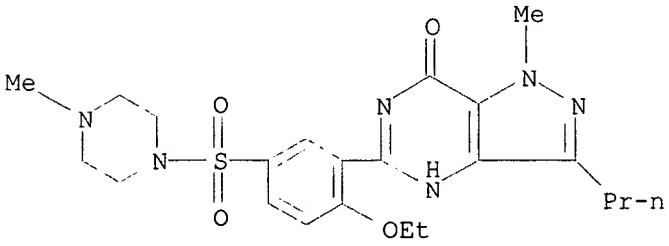
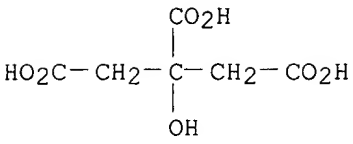
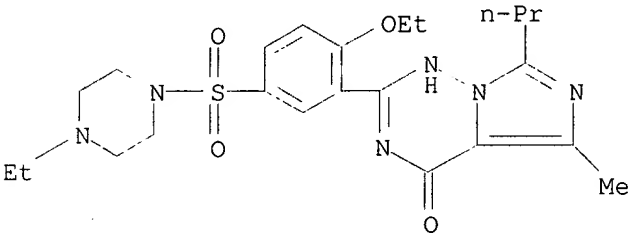


CM 2

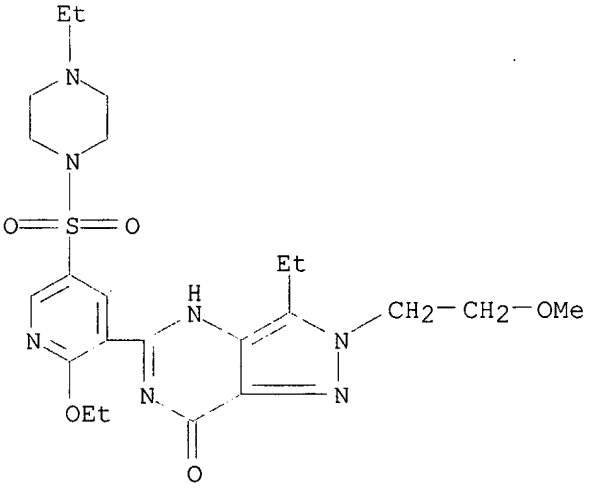
CRN 77-92-9
CMF C6 H8 O7



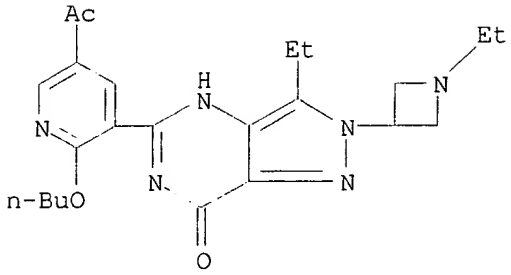
RN 224785-90-4 HCAPLUS
CN Piperazine, 1-[[3-(1,4-dihydro-5-methyl-4-oxo-7-propylimidazo[5,1-f][1,2,4]triazin-2-yl)-4-ethoxyphenyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)



RN 334826-98-1 HCAPLUS
CN Piperazine, 1-[[6-ethoxy-5-[3-ethyl-4,7-dihydro-2-(2-methoxyethyl)-7-oxo-2H-pyrazolo[4,3-d]pyrimidin-5-yl]-3-pyridinyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)



RN 335077-70-8 HCAPLUS
CN 7H-Pyrazolo[4,3-d]pyrimidin-7-one, 5-(5-acetyl-2-butoxy-3-pyridinyl)-3-ethyl-2-(1-ethyl-3-azetidinyl)-2,4-dihydro- (9CI) (CA INDEX NAME)



L69 ANSWER 5 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:320733 HCAPLUS
TI Modulatory activity of **sildenafil** on copulatory behaviour of both intact and castrated male rats
AU Ottani, A.; Giuliani, D.; Ferrari, F.
CS Division of Pharmacology, Department of Biomedical Sciences, University of Modena and Reggio Emilia, Modena, I-41100, Italy
SO Pharmacology, Biochemistry and Behavior (2002), 72(3), 717-722
CODEN: PBBHAU; ISSN: 0091-3057
PB Elsevier Science Inc.
DT Journal
LA English
CC 1 (Pharmacology)
AB The first expt. of the present study investigates the effects induced by **sildenafil** (1 or 10 mg/kg po) on the copulatory behavior of intact male rats, categorized, on the basis of seven consecutive mating pretests, as sluggish or normal **ejaculators** (SE or NE, resp.). The data obtained show that **sildenafil** modifies both sexual arousal and the **ejaculatory** mechanisms of copulation, diminishing **ejaculation** latency in both categories and increasing copulatory efficacy in SE rats; in addn., it reduced the inter-intromission interval in both SE and NE animals and the post-**ejaculatory** interval only in SE animals. The second expt., conducted on rats 3 wk after their castration, shows that **sildenafil** alone (1 or 10 mg/kg) did not modify copulatory failure. However, 3 mo after castration, and 24 h after the last injection of testosterone (25 .mu.g/kg s.c.) given twice weekly for 4 wk, **sildenafil** (1 or 10 mg/kg) ameliorated rat copulatory performance.
RE.CNT 32 THERE ARE 32 CITED REFERENCES AVAILABLE FOR THIS RECORD
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(32) Zesiewicz, T; Mov Disord 2000, V15(2), P305 MEDLINE

L69 ANSWER 6 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:280094 HCAPLUS
DN 137:304625
TI Influence of **sildenafil** on copulatory behaviour in sluggish or normal **ejaculator** male rats: a central dopamine mediated effect?
AU Giuliani, D.; Ottani, A.; Ferrari, F.
CS Division of Pharmacology, Department of Biomedical Sciences, University of Modena and Reggio Emilia, Modena, 41100, Italy
SO Neuropharmacology (2002), 42(4), 562-567
CODEN: NEPHBW; ISSN: 0028-3908
PB Elsevier Science Ltd.
DT Journal
LA English
CC 1-11 (Pharmacology)
AB The present study investigates the effects induced by **sildenafil** (1 mg/kg, p.o.) and the dopamine agonist, SND 919 (0.1 mg/kg, i.p.) on copulatory behavior of male rats, categorized, on the basis of seven consecutive mating pre-tests, as sluggish and normal **ejaculators** (SE and NE, resp.). The data obtained show that **sildenafil** modifies both sexual arousal and **ejaculatory** mechanisms of copulation. It appears that, although it induced a facilitatory effect on **ejaculation** of all rats, similarly to SND 919, the lowering of **ejaculatory** threshold was achieved by a redn. of mount frequency and intromission frequency in SE and NE groups, resp. Differently from SND 919, **sildenafil** increased sexual arousal, diminishing post **ejaculatory** interval in SE animals and inter-intromission interval in both SE and NE rats. As the dopamine antagonist, (-)eticlopride (0.02 mg/kg, s.c.), significantly inhibited **sildenafil**-induced enhancement of sexual arousal in SE rats, it is suggested that the drug acts both peripherally and centrally.
ST **sildenafil** copulatory behavior dopaminergic system
IT Nervous system
(dopaminergic; role of dopamine in **sildenafil**-induced copulatory behavior in sluggish or normal **ejaculator** male rats)
IT Sexual behavior
(**ejaculation**; role of dopamine in **sildenafil** -induced copulatory behavior in sluggish or normal **ejaculator** male rats)
IT Sexual behavior
(sexual intercourse; role of dopamine in **sildenafil**-induced copulatory behavior in sluggish or normal **ejaculator** male rats)
IT 51-61-6, Dopamine, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(role of dopamine in **sildenafil**-induced copulatory behavior in sluggish or normal **ejaculator** male rats)
IT **139755-83-2, Sildenafil**

RL: DMA (Drug mechanism of action); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(role of dopamine in **sildenafil**-induced copulatory behavior in sluggish or normal **ejaculator** male rats)

IT 104632-26-0, SND 919
RL: PAC (Pharmacological activity); BIOL (Biological study)
(role of dopamine in **sildenafil**-induced copulatory behavior in sluggish or normal **ejaculator** male rats)

RE.CNT 36 THERE ARE 36 CITED REFERENCES AVAILABLE FOR THIS RECORD

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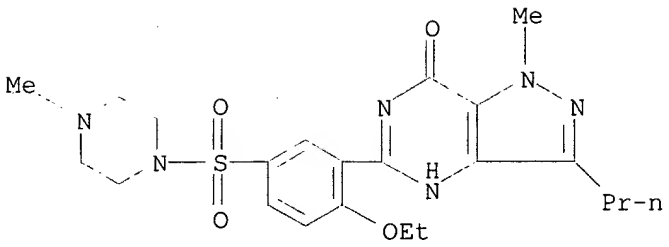
IT **139755-83-2, Sildenafil**
RL: DMA (Drug mechanism of action); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(role of dopamine in **sildenafil**-induced copulatory behavior in sluggish or normal **ejaculator** male rats)

RN 139755-83-2 HCAPLUS

CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



L69 ANSWER 7 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:274761 HCAPLUS
DN 137:134303
TI Clinical update on **sildenafil citrate**
AU Osterloh, Ian H.; Riley, Alan
CS **Pfizer Ltd, Sandwich, CT13 9NJ, UK**
SO British Journal of Clinical Pharmacology (2002), 53(3), 219-223
CODEN: BCPHBM; ISSN: 0306-5251
PB Blackwell Publishing Ltd.
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB A review. The advent of **sildenafil** has made a considerable impact on the research and medical communities. It has led to increased interest in sexual medicine, both in academia, in clin. practice and in the pharmaceutical industry. There is a growing recognition that sexual disorders are relatively common, cause considerable distress to both partners in a relationship, are relatively easy to identify and can be studied in a clin. trial setting. Several large pharmaceutical companies are searching for new treatments for male erectile dysfunction, female sexual arousal disorder and **premature ejaculation**.
ST review **sildenafil citrate** sexual dysfunction
IT Human
(clin. update on **sildenafil citrate**)
IT Sexual behavior
(impotence; clin. update on **sildenafil citrate**)
IT **171599-83-0, Viagra**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(clin. update on **sildenafil citrate**)
RE.CNT 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD
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IT **171599-83-0, Viagra**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(clin. update on **sildenafil citrate**)

RN 171599-83-0 HCAPLUS

CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl-, 2-hydroxy-1,2,3-propanetricarboxylate (1:1) (9CI) (CA INDEX NAME)

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CRN 139755-83-2
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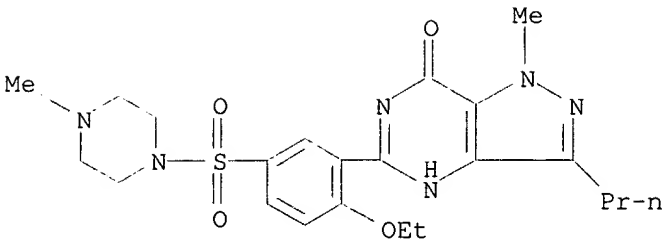
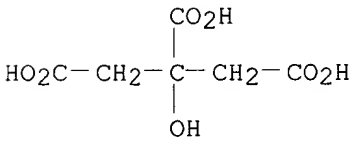


CM 2

CRN 77-92-9
CMF C6 H8 O7



L69 ANSWER 8 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:274760 HCAPLUS
DN 136:363800
TI Onset and duration of action of **sildenafil citrate** for the treatment of erectile dysfunction
AU Eardley, Ian; Ellis, Peter; **Boolell, Mitradev**; Wulff, Maria
CS Department of Urology, St James University Hospital, Leeds, LS9 7TF, UK
SO British Journal of Clinical Pharmacology (2002), 53(Suppl. 1), 61S-65S
CODEN: BCPHBM; ISSN: 0306-5251
PB Blackwell Publishing Ltd.
DT Journal
LA English
CC 1-12 (Pharmacology)
AB To det. the onset and duration of action of **sildenafil** in patients with erectile dysfunction (ED). Two randomized, double-blind, placebo-controlled, two-way crossover studies were conducted in men with ED of no known org. cause. Study I: The time to onset of erections after **sildenafil** (50 mg) or placebo dosing following visual sexual stimulation (VSS) was assessed in 17 patients. Patients not achieving >60% penile rigidity by 70 min postdose as measured by a RigiScan monitoring device were assigned an onset time of 70 min. Study II: The duration of grade 3 (hard enough for penetration) and grade 4 (fully hard) erections, detd. by self-assessment during 60 min of VSS starting 2 and 4 h after **sildenafil** (100 mg) or placebo dosing, was measured in 16 patients. Study I: The median time (range) to onset of erections was 27 min (in a range of 12-70) after receiving **sildenafil** 50 mg. In the **sildenafil** group, 71% of patients experienced onset of erections within 30 min of dosing, and 82% responded within 45 min. Of the patients who achieved > 60% penile rigidity after **sildenafil** , 86% had done so by 30 min after dosing. Study II: When VSS began 2 h postdose, the median duration of grade 3 or 4 erections was 19.5 min (0-55) for **sildenafil** vs 0 min (0-23) for placebo. When VSS began 4 h postdose, the median duration was 5 min (0-45) for **sildenafil** compared with 0 min for placebo (0-27). **Sildenafil** is an effective oral treatment for ED that produces a penetrative erection as early as 12 min and for most patients, within 30

min after dosing, and a duration of action lasting at least 4 h.
ST **cGMP phosphodiesterase** inhibitor **sildenafil citrate Viagra** erection erectile dysfunction; **viagra** sexual behavior erection intercourse
IT Sexual behavior
(**impotence; sildenafil citrate** (**Viagra**) onset and duration of action for treatment of patients with erectile dysfunction of no known org. cause)
IT **Sexual behavior**
(**penile erection; sildenafil citrate** (**Viagra**) onset and duration of action for treatment of patients with erectile dysfunction of no known org. cause)
IT Human
(**sildenafil citrate** (**Viagra**) onset and duration of action for treatment of patients with erectile dysfunction of no known org. cause)
IT **171599-83-0, Viagra**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**sildenafil citrate** (**Viagra**) onset and duration of action for treatment of patients with erectile dysfunction of no known org. cause)
RE.CNT 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
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(15) Zusman, R; Am J Cardiol 1999, V83, P35C HCAPLUS
IT **171599-83-0, Viagra**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**sildenafil citrate** (**Viagra**) onset and duration of action for treatment of patients with erectile dysfunction of no known org. cause)
RN 171599-83-0 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl-, 2-hydroxy-1,2,3-propanetricarboxylate (1:1) (9CI) (CA INDEX NAME)

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CRN 139755-83-2
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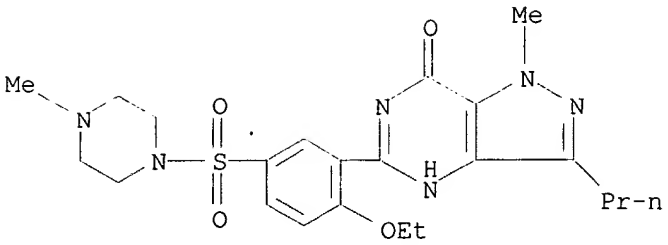
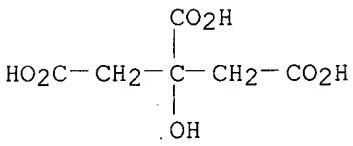


CM 2

CRN 77-92-9
CMF C6 H8 O7



L69 ANSWER 9 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:241329 HCAPLUS
DN 136:284433
TI Administration of **phosphodiesterase** inhibitors for the treatment of **premature ejaculation**
IN Wilson, Leland F.; Doherty, Paul C.; Place, Virgil A.; Smith, William L.; Abdel-Hamid, Abdou Ali Ibrahim Aboubakr
PA USA
SO U.S. Pat. Appl. Publ., 21 pp., Cont.-in-part of U.S. Ser. No. 467,094.
CODEN: USXXCO
DT Patent
LA English
IC ICM A61K031-00
NCL 514001000
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 2
FAN.CNT 6

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2002037828	A1	20020328	US 2001-888250	20010621
	US 6403597	B2	20020611		
	US 6037346	A	20000314	US 1998-181070	19981027
PRAI	US 1997-958816	B2	19971028		
	US 1998-181070	A2	19981027		
	US 1999-467094	A2	19991210		

AB A method is provided for treatment of **premature ejaculation** by administration of a **phosphodiesterase** inhibitor, e.g., an inhibitor of a Type III, Type IV, or **Type V phosphodiesterase**. In a preferred embodiment, administration is on as "as needed" basis, i.e., the drug is administered immediately or several hours prior to sexual activity. Pharmaceutical formulations and packaged kits are also provided. Zaprinast 1.0, mannitol 1.0, microcryst. cellulose 2.0, and magnesium stearate 10 mg are blended in a suitable mixer and then compressed into sublingual tablets. Each sublingual tablet contains 10 mg zaprinast.
ST **phosphodiesterase** inhibitor **premature**

ejaculation treatment
IT 5-HT antagonists
(5-HT3; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT 5-HT agonists
(5-HT4; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT 5-HT agonists
5-HT antagonists
Adrenoceptor agonists
Adrenoceptor antagonists
Antidepressants
Drug delivery systems
Human
(administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Amides, biological studies
Esters, biological studies
Polymers, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Nerve
Nervous system
(adrenergic, blockers; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(aerosols; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(beads; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(buccal; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(caplets; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(capsules; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Oximes
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(carbamates; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(controlled-release; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(delayed release; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Alkaloids, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(ergot; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(granules; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(inhalants; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Cheek
(mucosa; administration of **phosphodiesterase** inhibitors for

treatment of **premature ejaculation**)
IT Drug delivery systems
(mucosal; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(nasal; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(oral; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(parenterals; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(pellets; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(powders; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT **Sexual behavior**
(**premature ejaculation**; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(prodrugs; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(rectal; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(solns.; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(sublingual; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(suppositories; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(suspensions; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(sustained-release; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(syrups; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(tablets; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(topical; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT Drug delivery systems
(transdermal; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT **171596-29-5, GF 196960**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**GF 196960**; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
IT 50-47-5, Desipramine 50-48-6, Amitriptyline 50-49-7, Imipramine
51-12-7, Nialamide 51-71-8, Phenelzine 55-21-0D, Benzamide, derivs.

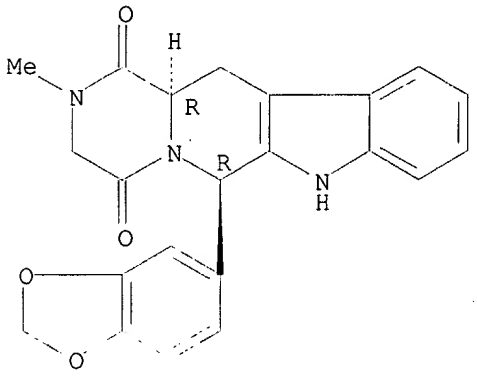
58-32-2, Dipyridamole 58-55-9, Theophylline, biological studies
58-74-2, Papaverine 59-63-2, Isocarboxazid 69-89-6D, Xanthine, derivs.
72-69-5, Nortriptyline 73-22-3, Tryptophan, biological studies
83-67-0, Theobromine 91-20-3D, Naphthalene, derivs. 92-52-4D,
Biphenyl, derivs. 98-89-5D, Cyclohexanecarboxylic acid, derivs.
113-45-1, Methylphenidate 113-53-1, Dothiepin 120-73-0D, Purine,
derivs. 138-56-7, Trimethobenzamide 155-09-9, Tranylcypromine
271-89-6D, Benzofuran, derivs. 302-40-9, Benactyzine 303-49-1,
Clomipramine 315-72-0, Opipramol 438-60-8, Protriptyline 475-81-0,
S-(+)-Glaucine 616-45-5D, 2-Pyrrolidinone, derivs. 739-71-9,
Trimipramine 1668-19-5, Doxepin 4350-09-8, Oxitriptan 4498-32-2,
Dibenzepin 4757-55-5, Dimetacrine 5118-29-6, Melitracen 5560-72-5,
Iprindole 6493-05-6, Pentoxifylline 10262-69-8, Maprotiline
10321-12-7, Propizepine 11095-43-5D, Benzothiophene, derivs.
12794-10-4D, Benzodiazepine, derivs. 14028-44-5, Amoxapine 14611-51-9,
Selegiline 15301-93-6, Tofenacin 17780-72-2, Clorgyline 19794-93-5,
Trazodone 21730-16-5, Metapramine 23047-25-8, Lofepramine
24219-97-4, Mianserin 24526-64-5, Nomifensine 24701-51-7,
Demexiptiline 25905-77-5, Minaprine 26629-87-8, Oxaflozane
28822-58-4, IBMX 29218-27-7, Toloxatone 31721-17-2, Quinupramine
32359-34-5, Medifoxamine 34911-55-2, Bupropion 35941-65-2,
Butriptyline 37762-06-4, Zaprinast 42971-09-5, Vinpocetine
46817-91-8, Viloxazine 50847-11-5, Ibudilast 51022-77-6, Etazolate
52942-31-1, Etoperidone 54739-18-3, Fluvoxamine 54739-19-4,
Clovoxamine 54910-89-3, Fluoxetine 56433-44-4, Oxaprotiline
56611-65-5, Phthalazinol 56775-88-3, Zimeldine 57262-94-9, Setiptiline
57574-09-1, Amineptine 59729-33-8, Citalopram 59859-58-4, Femoxetine
60719-84-8, Amrinone 60762-57-4, Pirlindole 61413-54-5, Rolipram
61869-08-7, Paroxetine 62473-79-4, Teniloxazine 63638-91-5,
Brofaromine 66208-11-5, Ifoxetine 66327-51-3, Furazlocillin
66834-24-0, Cianopramine 68475-42-3, Anagrelide 70018-51-8, Quazinone
71320-77-9, Moclobemide 72714-74-0, Viqualine 72797-41-2, Tianeptine
74150-27-9, Pimobendan 76496-68-9, Levoprotiline 78033-10-0
78351-75-4 78415-72-2, Milrinone 79030-08-3D, Griseolic acid, derivs.
79617-96-2, Sertraline 79855-88-2, Trequinsin 80410-36-2, Fezolamine
81098-60-4, Cisapride 83366-66-9, Nefazodone 83863-69-8, NorCisapride
85650-52-8, Mirtazapine 86315-52-8, Isomazole 89565-68-4, Tropisetron
90182-92-6, Zacopride 90697-57-7, Motapizone 92623-85-3, Milnacipran
93413-69-5, Venlafaxine 94192-59-3, Lixazinone 99614-02-5, Ondansetron
102670-46-2, Batanopride 106650-56-0, Sibutramine 106730-54-5,
Olprinone 109889-09-0, Granisetron 112018-01-6, Bemoradan
115344-47-3, Siguazodan 115956-12-2, Dolasetron 116539-59-4,
Duloxetine 119356-77-3, Dapoxetine 121588-75-8, Amesergide
139145-27-0 **139755-83-2**, **Sildenafil** 147676-63-9
150452-18-9 167298-74-0, Sch-51866 167298-97-7 168464-34-4
168464-60-6 **171599-83-0**, **Sildenafil citrate**
184147-55-5D, derivs. 212498-37-8 224157-99-7 **224785-90-4**,
Vardenafil 330784-28-6 330784-47-9 330785-79-0 405508-89-6
405551-89-5, FR 229934
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(administration of **phosphodiesterase** inhibitors for treatment
of **premature ejaculation**)

IT 9025-82-5, **Phosphodiesterase** 9036-21-9,
Phosphodiesterase III **9068-52-4**,
Phosphodiesterase V
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; administration of **phosphodiesterase** inhibitors
for treatment of **premature ejaculation**)

IT **171596-29-5**, **GF 196960**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**GF 196960**; administration of
phosphodiesterase inhibitors for treatment of **premature
ejaculation**)

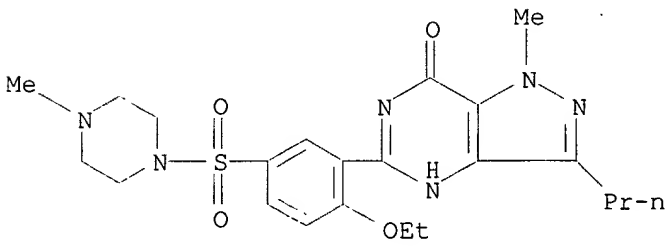
RN 171596-29-5 HCAPLUS
CN Pyrazino[1',2':1,6]pyrido[3,4-b]indole-1,4-dione, 6-(1,3-benzodioxol-5-yl)-2,3,6,7,12,12a-hexahydro-2-methyl-, (6R,12aR)- (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



IT **139755-83-2, Sildenafil 171599-83-0, Sildenafil citrate 224785-90-4, Vardenafil**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)

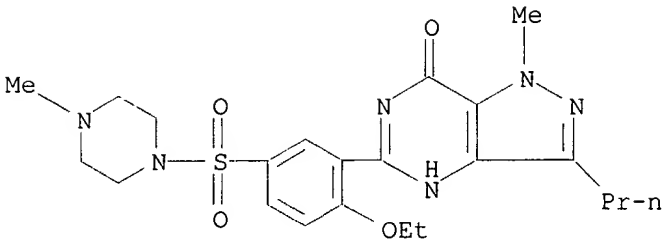
RN 139755-83-2 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



RN 171599-83-0 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl-, 2-hydroxy-1,2,3-propanetricarboxylate (1:1) (9CI) (CA INDEX NAME)

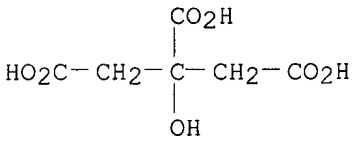
CM 1

CRN 139755-83-2
CMF C22 H30 N6 O4 S

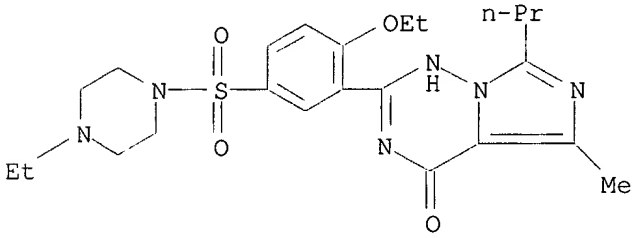


CM 2

CRN 77-92-9
CMF C6 H8 O7



RN 224785-90-4 HCAPLUS
CN Piperazine, 1-[[3-(1,4-dihydro-5-methyl-4-oxo-7-propylimidazo[5,1-f][1,2,4]triazin-2-yl)-4-ethoxyphenyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)



IT **9068-52-4, Phosphodiesterase V**
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; administration of **phosphodiesterase** inhibitors for treatment of **premature ejaculation**)
RN 9068-52-4 HCAPLUS
CN Phosphodiesterase, guanosine cyclic 3',5'-phosphate (9CI) (CA INDEX NAME)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

L69 ANSWER 10 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2002:51273 HCAPLUS
DN 136:96099
TI Treatment of male sexual dysfunction
IN Naylor, Alasdair Mark; Van der Graaf, Pieter Hadewijn; Wayman, Christopher Peter
PA **Pfizer Limited, UK; Pfizer Inc.**
SO PCT Int. Appl., 124 pp.
CODEN: PIXXD2
DT Patent
LA English

IC ICM A61K031-55
ICS A61K031-401; A61K031-4166; A61K031-41; A61K031-421; A61K031-4365; A61K031-17; A61K031-16
CC 1-12 (Pharmacology)
Section cross-reference(s): 24, 25, 27, 28
FAN.CNT 9

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2002003995	A2	20020117	WO 2001-IB1187	20010702
	WO 2002003995	A3	20020418		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	US 2002052370	A1	20020502	US 2001-893585	20010628
PRAI	GB 2000-16684	A	20000706		
	GB 2000-30647	A	20001215		
	GB 2001-6167	A	20010313		
	GB 2001-8483	A	20010404		
	US 2000-219100P	P	20000718		
	GB 2001-1584	A	20010122		
	US 2001-274957P	P	20010312		

OS MARPAT 136:96099
AB The present invention relates to the use of neutral endopeptidase inhibitors (NEPi) and a combination of NEPi and **phosphodiesterase** type (**PDE5**) inhibitor for the treatment of male sexual dysfunction, in particular MED.
ST male sexual dysfunction neutral endopeptidase inhibitor
IT Opioid receptors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(ORL1, modulators; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)
IT Neuropeptide Y receptors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(Y5, antagonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)
IT Neuropeptide Y receptors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(Y1, antagonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)
IT VIP receptors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(agonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)
IT Endothelin receptors
Tachykinin receptors

RL: BSU (Biological study, unclassified); BIOL (Biological study)
(antagonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Estrogens
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(antiestrogens; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Ion channel blockers
(calcium; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Sexual behavior
(disorder, male; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Transport proteins
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(dopamine-transporting, modulators; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Sexual behavior
(**ejaculation**, disorder; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Alkaloids, biological studies
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(ergot; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Anticholesteremic agents
(fibrates and statins; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Sexual behavior
(impotence; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Pituitary hormone receptors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(melanocortin, agonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and

other agents in relation to inhibition of angiotensin converting enzyme)

IT Cannabinoid receptors
Estrogen receptors
Opioid receptors
Oxytocin receptors
Vasopressin receptors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(modulators; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Transport proteins
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(norepinephrine-transporting, modulators; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Drug delivery systems
(oral; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Ion channel openers
(potassium; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT **Sexual behavior**
(**premature ejaculation**; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Transport proteins
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(serotonin-transporting, modulators; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Drug delivery systems
(tablets; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 5-HT agonists
5-HT antagonists
Angiotensin receptor antagonists
Anticoagulants
Dopamine agonists
Drug interactions
Drug screening
Opioid antagonists
Platelet aggregation inhibitors
Purinoceptor agonists
Vasodilators
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase**

type 5 inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Estrogens
Opioids
Prostaglandins
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT Adrenoceptor antagonists
(.alpha.-; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 57576-52-0, Thromboxane A2
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(agonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 82785-45-3, Neuropeptide Y
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(antagonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 10102-43-9, Nitric oxide, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(donors and agonists; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 128908-32-7, Melanocortin
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(enhancers; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 9028-35-7, HMG-CoA reductase
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors, statins; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 9000-81-1, Acetylcholinesterase 9040-59-9, **Phosphodiesterase II 9068-52-4, Phosphodiesterase V**
82707-54-8, Neutral endopeptidase 138238-81-0, Endothelin converting enzyme
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 9036-21-9, **Phosphodiesterase** 8

RL: BSU (Biological study, unclassified); BIOL (Biological study)
(isoforms, inhibitors; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 9088-07-7, Natriuretic factor 85637-73-6, Atrial natriuretic factor
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(modulators; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 9004-10-8, Insulin, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(sensitizing agents; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 125978-95-2, Nitric oxide synthase
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(substrates; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 9015-82-1, Angiotensin converting enzyme
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 337962-68-2P 337962-69-3P 337962-70-6P 337962-71-7P 337962-72-8P
337962-73-9P 337962-74-0P 388630-36-2P 388630-55-5P
RL: DMA (Drug mechanism of action); PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 58-22-0, Testosterone 71-58-9, Medroxyprogesterone acetate 520-85-4, Medroxyprogesterone 521-18-6, Dihydrotestosterone 37221-79-7, Vasoactive intestinal peptide 37221-79-7D, Vasoactive intestinal peptide, analogs **139755-83-2, Sildenafil** 147676-53-7
171596-29-5, IC-351 215297-27-1
224785-90-4, Vardenafil 334826-98-1
334827-47-3 334827-59-7 335077-64-0 **335077-70-8**
389128-36-3
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 98-10-2, Benzenesulfonamide 108-33-8, 2-Amino-5-methyl-1,3,4-thiadiazole 7663-77-6, N-(3-Aminopropyl)-2-pyrrolidinone 14068-53-2, 2-Amino-5-ethyl-1,3,4-thiadiazole 59892-44-3 118755-30-9 118755-86-5 118756-03-9 118783-85-0 118786-35-9 136834-71-4 136834-85-0 136850-24-3
RL: RCT (Reactant); RACT (Reactant or reagent)
(treatment of male sexual dysfunction using neutral endopeptidase

inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 337962-78-4P 337962-79-5P 337962-80-8P 337962-81-9P 337962-83-1P 337962-84-2P 337962-91-1P 337962-93-3P 388630-52-2P 388630-83-9P 388631-26-3P 388631-29-6P
RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

IT 388630-37-3P 388630-54-4P 389083-04-9P
RL: SPN (Synthetic preparation); PREP (Preparation)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

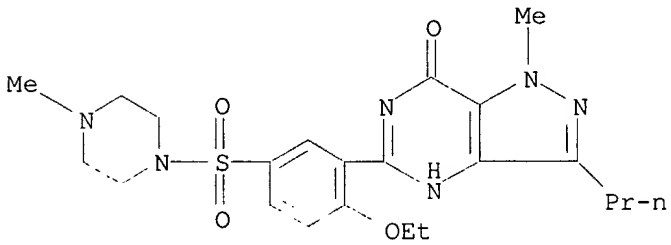
IT **9068-52-4, Phosphodiesterase V**
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

RN 9068-52-4 HCAPLUS
CN Phosphodiesterase, guanosine cyclic 3',5'-phosphate (9CI) (CA INDEX NAME)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

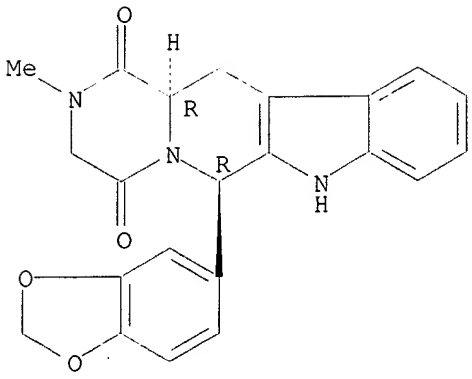
IT **139755-83-2, Sildenafil 171596-29-5, IC-351 224785-90-4, Vardenafil 334826-98-1 335077-70-8**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(treatment of male sexual dysfunction using neutral endopeptidase inhibitors and their combination with **phosphodiesterase type 5** inhibitors and other agents in relation to inhibition of angiotensin converting enzyme)

RN 139755-83-2 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)

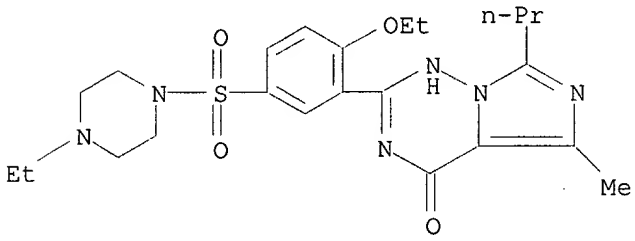


RN 171596-29-5 HCAPLUS
CN Pyrazino[1',2':1,6]pyrido[3,4-b]indole-1,4-dione, 6-(1,3-benzodioxol-5-yl)-2,3,6,7,12,12a-hexahydro-2-methyl-, (6R,12aR)- (9CI) (CA INDEX NAME)

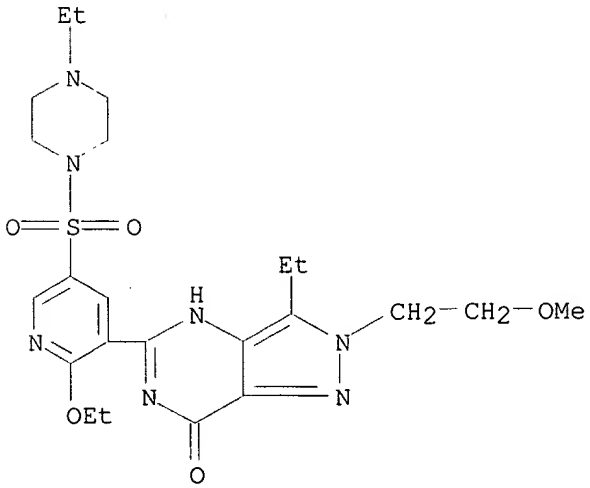
Absolute stereochemistry. Rotation (+).



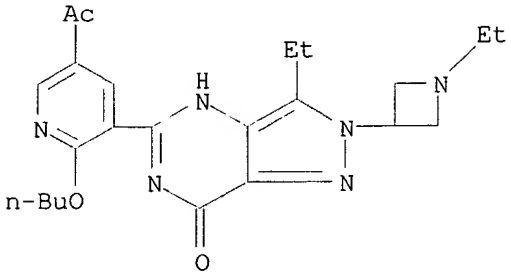
RN 224785-90-4 HCAPLUS
CN Piperazine, 1-[[3-(1,4-dihydro-5-methyl-4-oxo-7-propylimidazo[5,1-f][1,2,4]triazin-2-yl)-4-ethoxyphenyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)



RN 334826-98-1 HCAPLUS
CN Piperazine, 1-[[6-ethoxy-5-[3-ethyl-4,7-dihydro-2-(2-methoxyethyl)-7-oxo-2H-pyrazolo[4,3-d]pyrimidin-5-yl]-3-pyridinyl]sulfonyl]-4-ethyl- (9CI) (CA INDEX NAME)



RN 335077-70-8 HCAPLUS
CN 7H-Pyrazolo[4,3-d]pyrimidin-7-one, 5-(5-acetyl-2-butoxy-3-pyridinyl)-3-ethyl-2-(1-ethyl-3-azetidinyl)-2,4-dihydro- (9CI) (CA INDEX NAME)



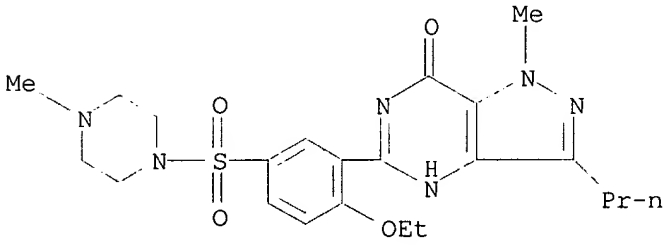
L69 ANSWER 11 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 2000:610555 HCAPLUS
DN 133:168355
TI Compositions comprising bupropion for the treatment of **premature ejaculation**
IN Grassler, Frank Peter
PA Glaxo Group Limited, UK
SO Brit. UK Pat. Appl., 11 pp.
CODEN: BAXXDU
DT Patent
LA English
IC A61K031-135; A61P015-00; A61P015-10
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 1
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI GB 2340037	A1	20000216	GB 1999-17346	19990726
PRAI US 1998-94701P	P	19980730		

AB A compn. comprising bupropion or physiol. acceptable salts, solvates, or enantiomers thereof, is used for the treatment of **premature ejaculation** that is either caused by a phys. disorder or that is induced by a **cGMP phosphodiesterase** inhibitor or a **cGMP phosphodiesterase V** inhibitor, such as **sildenafil**. The compn. may comprise bupropion and **sildenafil** for the treatment of erectile dysfunction and **sildenafil**-induced **premature ejaculation**.
ST bupropion **premature ejaculation** treatment; **sildenafil** bupropion erectile dysfunction treatment
IT Drug delivery systems
(bupropion for treatment of **premature ejaculation** induced by **cGMP phosphodiesterase** inhibitor)
IT Sexual behavior
(impotence; bupropion and **sildenafil** for treatment of erectile dysfunction)
IT **Sexual behavior**
(**premature ejaculation**; bupropion for treatment of **premature ejaculation**)
IT 34911-55-2, Bupropion
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(bupropion for treatment of **premature ejaculation**)
IT **139755-83-2, Sildenafil**
RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
(bupropion for treatment of **premature ejaculation** induced by **cGMP phosphodiesterase** inhibitor)
IT **9068-52-4, CGMP phosphodiesterase**
RL: BSU (Biological study, unclassified); BIOL (Biological study)

(inhibitor; bupropion for treatment of **premature ejaculation** induced by **cGMP phosphodiesterase** inhibitor)

IT **139755-83-2, Sildenafil**
RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
(bupropion for treatment of **premature ejaculation** induced by **cGMP phosphodiesterase** inhibitor)
RN 139755-83-2 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



IT **9068-52-4, CGMP phosphodiesterase**
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitor; bupropion for treatment of **premature ejaculation** induced by **cGMP phosphodiesterase** inhibitor)
RN 9068-52-4 HCAPLUS
CN Phosphodiesterase, guanosine cyclic 3',5'-phosphate (9CI) (CA INDEX NAME)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

L69 ANSWER 12 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN **2000:97156** HCAPLUS
DN **133:12709**
TI Effects of **sildenafil** (**Viagra**) administration on seminal parameters and post-**ejaculatory** refractory time in normal males
AU Aversa, Antonio; Mazzilli, Fernando; Rossi, Tiziana; Delfino, Michele; Isidori, Andrea M.; Fabbri, Andrea
CS Cattedra di Andrologia, University of Rome La Sapienza, Rome, Italy
SO Human Reproduction (2000), 15(1), 131-134
CODEN: HUREEE; ISSN: 0268-1161
PB Oxford University Press
DT Journal
LA English
CC 1-12 (Pharmacology)
AB **Sildenafil** is a specific inhibitor of **phosphodiesterase** (**PDE**) **type 5** and represents a powerful therapy for male erectile dysfunction (ED) of different etiol. Recently, **sildenafil** has been shown to restore erections in temporary ED related to the need of semen collection for assisted reproductive techniques. In this study, we investigated whether **sildenafil** administration modifies seminal parameters and/or erectile function in normal healthy volunteers. In a double-blind, randomized, placebo-controlled, cross-over two period investigation we enrolled 20 healthy male volunteers (mean .+-. SE age 32.+-.0.5 yr). Subjects were not using any medication for the 3 mo period prior to the study and were engaged in a stable relation with proven fertility. The effects of **sildenafil** (100 mg) on seminal parameters and erectile function after audiovisual sexual stimulation were evaluated by semen anal. and by

color-Duplex ultrasound (the Resistive Index) resp. In all subjects, **sildenafil** caused no changes in seminal and erection parameters when compared to placebo. Interestingly, **sildenafil** administration led to a marked redn. of the post-**ejaculatory** refractory time (10.8.+-.0.9 min vs. 2.6.+-.0.7 min for placebo and **sildenafil** resp.; P < 0.0001). These results indicate that in normal subjects acute **sildenafil** treatment does not modify semen characteristics and has a pos. influence over the resumption of erections following **ejaculation** in the presence of a continuous erotic stimulus.

ST penile erection **sildenafil** semen parameter

IT Semen
(effects of **sildenafil** on seminal parameters and post-**ejaculatory** refractory time in normal males)

IT **Sexual behavior**
(**penile erection**; effects of **sildenafil** on seminal parameters and post-**ejaculatory** refractory time in normal males)

IT **139755-83-2, Sildenafil**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(effects of **sildenafil** on seminal parameters and post-**ejaculatory** refractory time in normal males)

RE.CNT 22 THERE ARE 22 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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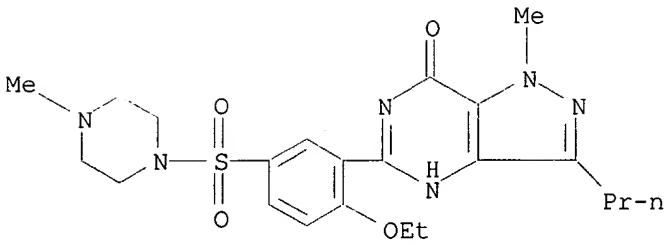
IT **139755-83-2, Sildenafil**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(effects of **sildenafil** on seminal parameters and post-**ejaculatory** refractory time in normal males)

RN 139755-83-2 HCAPLUS

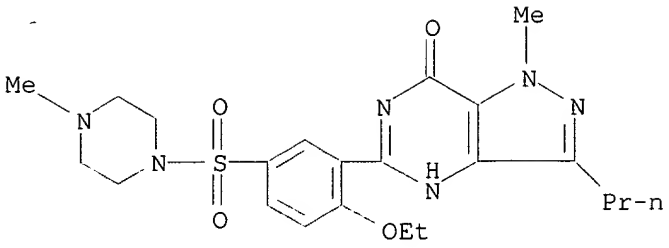
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



L69 ANSWER 13 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 1999:478841 HCAPLUS
DN 131:125396
TI **Sildenafil citrate (Viagra)**: an oral treatment for erectile function with activity for up to four hours' duration
AU Eardley, I.; Brooks, J.; Yates, P. K.; Ellis, P.; **Boolell, M.**
CS Leeds General Infirmary, Leeds, UK
SO International Journal of Clinical Practice, Supplement (1999), 102, 32-34
CODEN: ICPSFY; ISSN: 1368-504X
PB Medicom International
DT Journal
LA English
CC 1-12 (Pharmacology)
AB This study was designed to examine, more closely, how long a single dose of 100mg **sildenafil** remains clin. active. In summary, oral **sildenafil** significantly improves the duration of erections of more than 60% rigidity as well as the duration of self assessed grade 3 or grade 4 erections. The response to **sildenafil** was greater 2-3 h after dosing than 4-5 h after dosing.
ST **sildenafil citrate** erectile function
IT Sexual behavior
(impotence, inhibitors; clin. activity of 100 mg of **sildenafil** and its effect for erectile dysfunction)
IT **171599-83-0, Sildenafil citrate**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(clin. activity of 100 mg of **sildenafil** and its effect for erectile dysfunction)
RE.CNT 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Boolell, M; Int J Impot Res 1996, V8(2), P47 MEDLINE
IT **171599-83-0, Sildenafil citrate**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(clin. activity of 100 mg of **sildenafil** and its effect for erectile dysfunction)
RN 171599-83-0 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl-, 2-hydroxy-1,2,3-propanetricarboxylate (1:1) (9CI) (CA INDEX NAME)

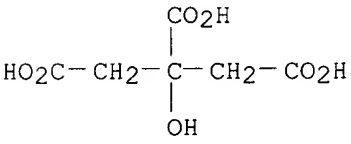
CM 1

CRN 139755-83-2
CMF C22 H30 N6 O4 S



CM 2

CRN 77-92-9
CMF C6 H8 O7



L69 ANSWER 14 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 1999:185405 HCAPLUS
DN 130:262006
TI Comparative tolerability and efficacy of treatments for impotence
AU Meinhardt, Willem; Kropman, Rene F.; Vermeij, Pieter
CS Department of Urology, Netherlands Cancer Institute, Amsterdam, Neth.
SO Drug Safety (1999), 20(2), 133-146
CODEN: DRSAEA; ISSN: 0114-5916
PB Adis International Ltd.
DT Journal
LA English
CC 1-11 (Pharmacology)
AB Modern pharmacol. treatment of impotence is detd. by the presenting symptoms. Since this involves symptomatol. with a heterogeneous etiol., many different drugs are involved in the treatment of impotence. Drugs used for libido and arousal problems include testosterone, yohimbine, trazodone and apomorphine. Since patient self-assessment is the only parameter that can be used to measure the result of treatment and pos. results are seldom affirmed, no pos. benefit of these agents can be assumed at present. Oral medications for erectile dysfunction include yohimbine, trazodone, apomorphine, phentolamine, arginine and **sildenafil**. Of these drugs, **sildenafil** has been the most systematically studied for effectiveness, but long term safety data await the results of post-marketing surveillance. Of the **ejaculation** disorder therapies, treatments for **premature ejaculation** are the best studied. Favorable results have been obtained with clomipramine, paroxetine and fluoxetine. The safety of these medications has been assessed through their long term use in psychiatry. **Intracavernous** self-injections for erectile disorders are performed using a variety of drugs and drug mixts. Only alprostadil and the combination of papaverine with phentolamine are widely used. Alprostadil is very well tolerated; however, penile pain is a serious problem in a significant proportion of patients. Papaverine in combination with phentolamine is effective, but penile fibrosis and priapism occur more often than with the use of alprostadil. Several new developments in this area are currently under way. Alternative routes for medication for erectile dysfunction include ointments and patches to the

penile skin and the glans. Only transurethral alprostadil, 'MUSE' (medicated urethral system for erection) has been shown to be effective in large trials. Long term safety still has to be demonstrated, but the 1-yr safety profile is encouraging. In general, the end points of impotence treatment studies are very diverse so efficacy data can only be assessed in comparative studies. However, long term comparison studies have not been performed. Safety demands must be set very high for this type of treatment since the disorders being treated present no threat to the patient's health.

ST yohimbine trazodone apomorphine phentolamine arginine **sildenafil** impotence

IT Sexual behavior
(impotence; comparative tolerability and efficacy of treatments for impotence in humans)

IT 50-60-2, Phentolamine 58-00-4, Apomorphine 74-79-3, Arginine, biological studies 146-48-5, Yohimbine 19794-93-5, Trazodone **139755-83-2, Sildenafil**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(comparative tolerability and efficacy of treatments for impotence in humans)

RE.CNT 114 THERE ARE 114 CITED REFERENCES AVAILABLE FOR THIS RECORD

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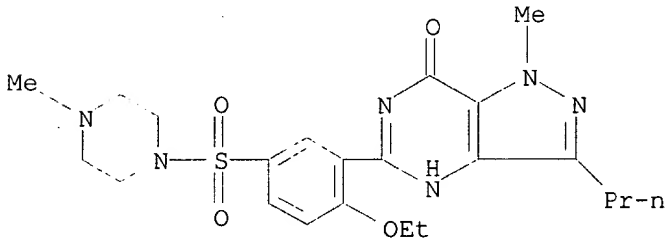
IT **139755-83-2, Sildenafil**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(comparative tolerability and efficacy of treatments for impotence in humans)
RN 139755-83-2 HCAPLUS
CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



L69 ANSWER 15 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 1999:98999 HCAPLUS
DN 130:246107
TI Effects of SSRIs on sexual function: a critical review
AU Rosen, Raymond C.; Lane, Roger M.; Menza, Matthew
CS Department of Psychiatry, Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey, Piscataway, NJ, 08854, USA
SO Journal of Clinical Psychopharmacology (1999), 19(1), 67-85
CODEN: JCPYDR; ISSN: 0271-0749
PB Lippincott Williams & Wilkins
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB A review with 255 refs. Sexual problems are highly prevalent in both men and women and are affected by, among other factors, mood state, interpersonal functioning, and psychotropic medications. The incidence of antidepressant-induced sexual dysfunction is difficult to est. because of the potentially confounding effects of the illness itself, social and interpersonal comorbidities, medication effects, and design and assessment problems in most studies. Ests. of sexual dysfunction vary from a small percentage to more than 80%. This article reviews current evidence regarding sexual side effects of selective serotonin reuptake inhibitors (SSRIs). Among the sexual side effects most commonly assocd. with SSRIs are delayed **ejaculation** and absent or delayed orgasm. Sexual desire (libido) and arousal difficulties are also frequently reported,

although the specific assocn. of these disorders to SSRI use has not been consistently shown. The effects of SSRIs on sexual functioning seem strongly dose-related and may vary among the group according to serotonin and dopamine reuptake mechanisms, induction of prolactin release, anticholinergic effects, inhibition of nitric oxide synthetase, and propensity for accumulation over time. A variety of strategies have been reported in the management of SSRI-induced sexual dysfunction, including waiting for tolerance to develop, dosage redn., drug holidays, substitution of another antidepressant drug, and various augmentation strategies with 5-hydroxytryptamine-2 (5-HT2), 5-HT3, and .alpha.2 adrenergic receptor antagonists, 5-HT1A and dopamine receptor agonists, and **phosphodiesterase** (**PDE5**) enzyme inhibitors.
Sexual side effects of SSRIs should not be viewed as entirely neg.; some studies have shown improved control of **premature ejaculation** in men. The impacts of sexual side effects of SSRIs on treatment compliance and on patients' quality of life are important clin. considerations.

ST serotonin reuptake inhibitors sexual disorder review

IT Sexual behavior
(disorder; effects of SSRIs on sexual function in humans)

IT 50-67-9, Serotonin, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(selective serotonin reuptake inhibitors; effects of SSRIs on sexual function in humans)

RE.CNT 255 THERE ARE 255 CITED REFERENCES AVAILABLE FOR THIS RECORD

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(252) Zajecka, J; J Clin Psychiatry 1991, V52, P66 MEDLINE
(253) Zajecka, J; Psychopharmacol Bull 1997, V33, P755 HCAPLUS
(254) Zohar, J; Arch Gen Psychiatry 1988, V45, P167 MEDLINE
(255) Zubieta, J; J Clin Psychopharmacol 1991, V11, P327 MEDLINE

L69 ANSWER 16 OF 16 HCAPLUS COPYRIGHT 2002 ACS
AN 1996:532117 HCAPLUS
DN 125:185713
TI **Sildenafil**, a novel effective oral therapy for male **erectile** dysfunction
AU **Boolell, M.**; Gepi-Attee, S.; Gingell, J. C.; Allen, M. J.
CS Department Urology, Southmead Hospital, Bristol, UK
SO British Journal of Urology (1996), 78(2), 257-261
CODEN: BJURAN; ISSN: 0007-1331
PB Blackwell
DT Journal
LA English
CC 1-11 (Pharmacology)
AB To det. the efficacy and safety of **sildenafil**, a novel orally active inhibitor of the **type-V cGMP-specific phosphodiesterase** (the predominant isoenzyme in the human **corpus cavernosum**) on **penile**

erectile activity in patients with male **erectile** dysfunction of no established org. cause. Twelve patients (aged 36-63 yr) with male **erectile** dysfunction of no established org. cause were entered into a double-blind, randomized, placebo-controlled, crossover study which was conducted in two phases. In the first phase (four-way crossover), treatment efficacy was evaluated by measurements of **penile** rigidity using **penile** plethysmog. during visual sexual stimulation at different doses of **sildenafil** (10, 25 and 50 mg or placebo). In the second phase (two-way crossover), efficacy was assessed by a diary record of **penile erectile** activity after single daily doses of **sildenafil** (25 mg) or placebo for 7 days. The mean (95% confidence interval, CI) duration of rigidity of >80% at the base of the **penis** was 1.3 min (0.4-3.1) in patients on placebo, 3.5 min (1.6-7.3) on 10 mg, 8.0 min (3.7-16.7) on 25 mg and 11.2 min (5.6-22.3) on 50 mg of **sildenafil**. The mean (95% CI) duration of rigidity of >80% at the tip of the **penis** was 1.2 min (0.4-2.7) on placebo and 7.4 min (2.4-8.5) on 50 mg **sildenafil**. From the diary record of daily **erectile** activity, the mean (95% CI) total no. of **erections** was significantly higher in patients receiving **sildenafil** was 6.1 (3.2-11.4), compared with 1.3 (0.5-2.7) in those on placebo; 10 of 12 patients reported improved **erectile** activity while receiving **sildenafil**, compared with two of 12 on placebo. Six patients on active treatment and five on placebo reported mild and transient adverse events which included headache, dyspepsia and pelvic musculo-skeletal pain. These results show that **sildenafil** is a well tolerated and effective oral therapy for male **erectile** dysfunction with no established org. cause and may represent a new class of peripherally acting drug for the treatment of this condition.

ST **sildenafil erectile** dysfunction

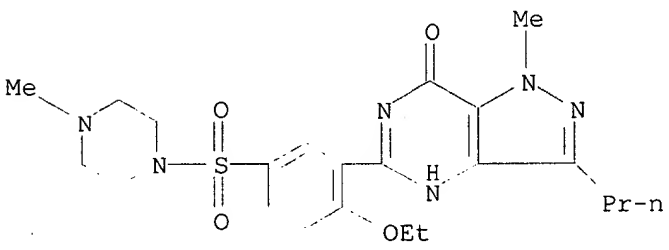
IT **Sexual behavior**
(**penile erection, disorder**, **sildenafil**, a novel effective oral therapy for male **erectile** dysfunction in humans)

IT **139755-83-2, Sildenafil**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**sildenafil**, a novel effective oral therapy for male **erectile** dysfunction in humans)

IT **139755-83-2, Sildenafil**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**sildenafil**, a novel effective oral therapy for male **erectile** dysfunction in humans)

RN 139755-83-2 HCAPLUS

CN Piperazine, 1-[[3-(4,7-dihydro-1-methyl-7-oxo-3-propyl-1H-pyrazolo[4,3-d]pyrimidin-5-yl)-4-ethoxyphenyl]sulfonyl]-4-methyl- (9CI) (CA INDEX NAME)



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L83 ANSWER 1 OF 7 MEDLINE
AN **2002684169** IN-PROCESS
DN **22329306** PubMed ID: **12441946**
TI A prospective study comparing paroxetine alone versus paroxetine plus **sildenafil** in patients with **premature ejaculation.**
AU Salonia Andrea; Maga Tommaso; Colombo Renzo; Scattoni Vinenzo; Briganti Alberto; Cestari Andrea; Guazzoni Giorgio; Rigatti Patrizio; Montorsi Francesco
CS Department of Urology, University of Vita-Salute, School of Medicine, Scientific Institute H. San Raffaele, Milan, Italy.
SO JOURNAL OF UROLOGY, (2002 Dec) 168 (6) 2486-9.
Journal code: 0376374. ISSN: 0022-5347.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Abridged Index Medicus Journals; Priority Journals
ED Entered STN: 20021210
Last Updated on STN: 20021210
AB PURPOSE: We compared the efficacy of paroxetine alone and combined with **sildenafil** in patients complaining of **premature ejaculation.** MATERIALS AND METHODS: Enrolled in this study were 80 consecutive potent men 19 to 47 years old (mean age 34) with **premature ejaculation** but without any obvious organic cause. Pretreatment evaluation included a history, self-administration of the International Index of Erectile Function (IIEF) questionnaire, physical examination and the Meares-Stamey test to exclude genital tract infection. The initial 40 patients received 10 mg. paroxetine daily for 21 days and then 20 mg. as needed, that is 3 to 4 hours before planned sexual activity, for 6 months (group 1). The other group of 40 men received 10 mg. paroxetine daily for 21 days and then 20 mg. as needed plus 50 mg.

sildenafil as needed, that is 1 hour before planned sexual activity, for 6 months (group 2). Patients were followed 3 and 6 months after beginning therapy and were evaluated using several general assessment questions, IIEF and **ejaculatory** latency time. RESULTS: Mean **ejaculatory** latency time +/- SE in group 1 was 0.33 +/- 0.04, 3.7 +/- 0.10 (p <0.01) and 4.2 +/- 0.03 (p <0.01) minutes at baseline, 3 and 6-month followup, while in group 2 it was 0.35 +/- 0.03, 4.5 +/- 0.07 (p <0.01) and 5.3 +/- 0.02 (p <0.001) minutes, respectively. When improvement in **ejaculatory** latency time was compared in the 2 groups, group 2 results proved to be significantly greater (p <0.05). Baseline, and 3 and 6-month mean intercourse satisfaction domain values of the IIEF were 9, 11 and 11 (p = 0.09, not significant), and 9, 11 and 14 (p <0.05) in groups 1 and 2, respectively. Group 2 patients reported significantly greater intercourse satisfaction than those in group 1 (p <0.05). At baseline, 3 and 6 months there was a mean of 0.9 +/- 0.1, 1.7 +/- 0.3 (not significant) and 2.5 +/- 0.3 (p <0.01) coitus episodes weekly in group 1, and 1 +/- 0.2, 2.3 +/- 0.3 (p <0.01) and 3.2 +/- 0.1 (p <0.001) in group 2, respectively. Group 2 patients reported a significantly higher number of coitus episodes weekly (p <0.05). Side effects in the 40 group 1 cases included anejaculation in 1 (2.5%), gastrointestinal upset and/or nausea in 5 (12.5%), headache in 4 (10%) and decreased libido in 2 (5%). Side effects in the 40 group 2 cases included anejaculation in 1 (2.5%), headache in 8 (20%), gastrointestinal upset and/or nausea in 6 (15%) and flushing in 6 (15%). Group 2 patients reported significantly more headaches (p <0.01) and flushing episodes (p <0.001) than those in group 1. After 6 months of treatment 33 men (82.5%) in group 1 and 36 (90%) in group 2 were willing to continue therapy (not significant). CONCLUSIONS: Paroxetine combined with **sildenafil** appears to provide significantly better results in terms of **ejaculatory** latency time and intercourse satisfaction versus paroxetine alone in potent patients with **premature ejaculation**. However, combined treatment is associated with a mild increase in drug related side effects.

L83 ANSWER 2 OF 7 MEDLINE
AN 2001446346 MEDLINE
DN 21385113 PubMed ID: 11494085
TI Assessment of as needed use of pharmacotherapy and the pause-squeeze technique in **premature ejaculation** by Abdel-Hamid et al.
AU Goldmeier D; Lamba H
SO INTERNATIONAL JOURNAL OF IMPOTENCE RESEARCH, (2001 Aug) 13 (4) 252. Journal code: 9007383. ISSN: 0955-9930.
CY England: United Kingdom
DT Letter
LA English
FS Priority Journals
EM 200110
ED Entered STN: 20010813
Last Updated on STN: 20011008
Entered Medline: 20011004
CT Check Tags: Human; Male
***Ejaculation**
Ejaculation: DE, drug effects
***Phosphodiesterase Inhibitors: TU, therapeutic use**
*Piperazines: TU, therapeutic use
Reaction Time: DE, drug effects
*Sex Disorders: DT, drug therapy
RN **139755-83-2 (sildenafil)**
CN 0 (**Phosphodiesterase** Inhibitors); 0 (Piperazines)

L83 ANSWER 3 OF 7 MEDLINE
AN 2001382353 MEDLINE

DN 21213769 PubMed ID: 11313839
TI Assessment of as needed use of pharmacotherapy and the pause-squeeze technique in **premature ejaculation**.
AU Abdel-Hamid I A; El Naggar E A; El Gilany A H
CS Department of Andrology, Mansoura Faculty of Medicine, Mansoura, Egypt.. ahamidia@mum.mans.eun.eg
SO INTERNATIONAL JOURNAL OF IMPOTENCE RESEARCH, (2001 Feb) 13 (1) 41-5. Journal code: 9007383. ISSN: 0955-9930.
CY England: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200107
ED Entered STN: 20010709
Last Updated on STN: 20010709
Entered Medline: 20010705
AB The objective was to compare the efficacy and safety of the as needed use of clomipramine, sertraline, paroxetine, **sildenafil** and the pause-squeeze technique in treatment of primary **premature ejaculation**. A prospective double blind randomized crossover study involving 31 patients was performed. Treatment phases comprised five 4-week consecutive treatment periods, each separated by a two-week washout period. Patients were randomly assigned to receive each of the 4 drugs and use pause-squeeze on an as needed basis. Drugs were administered 3 to 5 hours before anticipated coitus. Anxiety score and **ejaculation** latency time were measured before treatment, after each treatment, and during washout periods. Sexual satisfaction score was measured after each treatment. The median **ejaculation** latency time was significantly increased from the pretreatment median of 1 minute to 4 minutes, 3 minutes, 4 minutes, 15 minutes and 3 minutes during treatment with clomipramine, sertraline, paroxetine, **sildenafil** and pause-squeeze technique, respectively (all P 0.0001). **Sildenafil** was superior to other modalities in terms of **ejaculation** latency and satisfaction ($P = 0.0001$). The three antidepressants were comparable to each other in terms of efficacy ($P > 0.05$). Paroxetine was superior to the pause-squeeze technique in terms of efficacy ($P < 0.05$). In conclusion, **sildenafil** appears to be superior to other modalities and a valid alternative in treatment of **premature ejaculation**. The 3 antidepressants were equivalent to each other in terms of efficacy and safety. Paroxetine was superior to pause-squeeze technique in terms of efficacy.
CT Check Tags: Human; Male
Adult
Antidepressive Agents: TU, therapeutic use
Clomipramine: TU, therapeutic use
Double-Blind Method
***Ejaculation: DE, drug effects**
Middle Age
Paroxetine: TU, therapeutic use
Phosphodiesterase Inhibitors: TU, therapeutic use
Piperazines: TU, therapeutic use
Prospective Studies
Sertraline: TU, therapeutic use
*Sex Disorders: DT, drug therapy
Sex Disorders: TH, therapy
Time Factors
RN **139755-83-2 (sildenafil)**; 303-49-1 (Clomipramine); 61869-08-7 (Paroxetine); 79617-96-2 (Sertraline)
CN 0 (Antidepressive Agents); 0 (**Phosphodiesterase** Inhibitors); 0 (Piperazines)

L83 ANSWER 4 OF 7 MEDLINE
AN **2001286250** MEDLINE
DN **21148958** PubMed ID: **11253255**
TI Sexual pharmacology in the 21st century.
AU Rosen R C
CS Department of Psychiatry, Center for Sexual and Marital Health, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ, USA.
SO J Gend Specif Med, (2000 Jul-Aug) 3 (5) 45-52.
Journal code: 100887298. ISSN: 1523-7036.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200105
ED Entered STN: 20010529
Last Updated on STN: 20010529
Entered Medline: 20010524
AB Sexual dysfunction is highly prevalent in both sexes. Considerable progress has been made in the development of new pharmacologic treatments since the approval of **sildenafil** in 1998. A variety of oral erectogenic agents are available or are in late-phase development, including centrally active dopamine agonists (e.g., sublingual apomorphine), peripheral nonselective alpha-blockers (e.g., oral phentolamine), and other **phosphodiesterase type-5** inhibitors (e.g., **vardenafil**). These drugs have recently been evaluated for the treatment of female sexual arousal disorder, although results to date have been inconclusive. Pharmacologic therapies have also been proposed for the treatment of **premature ejaculation** and hypoactive sexual desire disorder. Strong evidence exists for the value of serotonergic drugs (e.g., selective serotonin reuptake inhibitors) in the treatment of **premature ejaculation**. Further research is needed, particularly on the effects of these drugs on female sexual dysfunction.
CT Check Tags: Female; Human; Male
Adrenergic alpha-Antagonists: TU, therapeutic use
Dopamine Agonists: TU, therapeutic use
Phosphodiesterase Inhibitors: TU, therapeutic use
*Sex Disorders: DT, drug therapy
CN 0 (Adrenergic alpha-Antagonists); 0 (Dopamine Agonists); 0 (**Phosphodiesterase** Inhibitors)

L83 ANSWER 5 OF 7 MEDLINE
AN 2000348725 MEDLINE
DN 20348725 PubMed ID: 10892636
TI Health issues in men: part I: Common genitourinary disorders.
CM Comment in: Am Fam Physician. 2001 Jun 15;63(12):2331-2
AU Epperly T D; Moore K E
CS Department of Family and Community Medicine, Eisenhower Army Medical Center, Fort Gordon, Georgia 30905-5650, USA.
SO AMERICAN FAMILY PHYSICIAN, (2000 Jun 15) 61 (12) 3657-64. Ref: 20
Journal code: 1272646. ISSN: 0002-838X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200007
ED Entered STN: 20000728
Last Updated on STN: 20011025
Entered Medline: 20000720
AB Common genitourinary health issues that arise in the care of male patients include prostatitis, benign prostatic hyperplasia, urogenital cancers,

premature ejaculation and erectile dysfunction.
Bacterial infections are responsible for only 5 to 10 percent of prostatitis cases. Benign prostatic hyperplasia is present in 90 percent of men by the age of 85. Common urogenital cancers include prostate cancer, transitional cell carcinoma of the bladder and testicular cancer. Although an estimated 10 percent of men eventually develop prostate cancer, screening for this malignancy is one of the most controversial areas of health prevention. **Premature ejaculation** occurs in as many as 40 percent of men. Treatment with tricyclic antidepressants, selective serotonin reuptake inhibitors, counseling or behavioral therapy may be helpful. Erectile dysfunction affects up to 30 percent of men between 40 and 70 years of age. Stepped therapy is a useful approach to this common malady. Good treatment results have been obtained with orally administered **sildenafil** and intraurethrally administered alprostadil.

CT Check Tags: Human; Male
Bladder Neoplasms: DI, diagnosis
Bladder Neoplasms: TH, therapy
Carcinoma, Transitional Cell: DI, diagnosis
Carcinoma, Transitional Cell: TH, therapy
Ejaculation
Impotence: DI, diagnosis
Impotence: TH, therapy
Prostatic Diseases: DI, diagnosis
Prostatic Diseases: TH, therapy
Sex Disorders: DI, diagnosis
Sex Disorders: TH, therapy
Testicular Neoplasms: DI, diagnosis
Testicular Neoplasms: TH, therapy
*Urogenital Diseases
Urogenital Diseases: DI, diagnosis
Urogenital Diseases: TH, therapy

L83 ANSWER 6 OF 7 MEDLINE
AN 1999180108 MEDLINE
DN 99180108 PubMed ID: 10082071
TI Comparative tolerability and efficacy of treatments for impotence.
AU Meinhardt W; Kropman R F; Vermeij P
CS Department of Urology, Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Amsterdam.. wmeinh@NKI.NL
SO DRUG SAFETY, (1999 Feb) 20 (2) 133-46. Ref: 114
Journal code: 9002928. ISSN: 0114-5916.
CY New Zealand
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199905
ED Entered STN: 19990607
Last Updated on STN: 19990607
Entered Medline: 19990527
AB Modern pharmacological treatment of impotence is determined by the presenting symptoms. Since this involves symptomatology with a heterogenous aetiology, many different drugs are involved in the treatment of impotence. Drugs used for libido and arousal problems include testosterone, yohimbine, trazodone and apomorphine. Since patient self-assessment is the only parameter that can be used to measure the result of treatment and positive results are seldom affirmed, no positive benefit of these agents can be assumed at present. Oral medications for erectile dysfunction include yohimbine, trazodone, apomorphine, phentolamine, arginine and **sildenafil**. Of these drugs, **sildenafil** has been the most systematically studied for

effectiveness, but long term safety data await the results of post-marketing surveillance. Of the **ejaculation** disorder therapies, treatments for **premature ejaculation** are the best studied. Favourable results have been obtained with clomipramine, paroxetine and fluoxetine. The safety of these medications has been assessed through their long term use in psychiatry. Intracavernous self-injections for erectile disorders are performed using a variety of drugs and drug mixtures. Only alprostadil and the combination of papaverine with phentolamine are widely used. Alprostadil is very well tolerated; however, penile pain is a serious problem in a significant proportion of patients. Papaverine in combination with phentolamine is effective, but penile fibrosis and priapism occur more often than with the use of alprostadil. Several new developments in this area are currently under way. Alternative routes for medication for erectile dysfunction include ointments and patches to the penile skin and the glans. Only transurethral alprostadil, 'MUSE' (medicated urethral system for erection) has been shown to be effective in large trials. Long term safety still has to be demonstrated, but the 1-year safety profile is encouraging. In general, the end points of impotence treatment studies are very diverse so efficacy data can only be assessed in comparative studies. However, long term comparison studies have not been performed. Safety demands must be set very high for this type of treatment since the disorders being treated present no threat to the patient's health.

CT Check Tags: Comparative Study; Human; Male
Aphrodisiacs: PD, pharmacology
*Aphrodisiacs: TU, therapeutic use
Ejaculation: DE, drug effects
*Impotence: DT, drug therapy
Libido: DE, drug effects
Penile Erection: DE, drug effects
Penile Erection: PH, physiology
Phosphodiesterase Inhibitors: PD, pharmacology
***Phosphodiesterase Inhibitors: TU, therapeutic use**
Vasodilator Agents: PD, pharmacology
*Vasodilator Agents: TU, therapeutic use

CN 0 (Aphrodisiacs); 0 (**Phosphodiesterase** Inhibitors); 0 (Vasodilator Agents)

L83 ANSWER 7 OF 7 MEDLINE
AN 1999131645 MEDLINE
DN 99131645 PubMed ID: 9934946
TI Effects of SSRIs on sexual function: a critical review.
CM Comment in: J Clin Psychopharmacol. 2001 Apr;21(2):241-2
AU Rosen R C; Lane R M; Menza M
CS Department of Psychiatry, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School, Piscataway 08854, USA.
SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1999 Feb) 19 (1) 67-85. Ref: 255
Journal code: 8109496. ISSN: 0271-0749.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LA English
FS Priority Journals
EM 199904
ED Entered STN: 19990420
Last Updated on STN: 20020219
Entered Medline: 19990407
AB Sexual problems are highly prevalent in both men and women and are affected by, among other factors, mood state, interpersonal functioning, and psychotropic medications. The incidence of antidepressant-induced sexual dysfunction is difficult to estimate because of the potentially confounding effects of the illness itself, social and interpersonal

comorbidities, medication effects, and design and assessment problems in most studies. Estimates of sexual dysfunction vary from a small percentage to more than 80%. This article reviews current evidence regarding sexual side effects of selective serotonin reuptake inhibitors (SSRIs). Among the sexual side effects most commonly associated with SSRIs are delayed **ejaculation** and absent or delayed orgasm. Sexual desire (libido) and arousal difficulties are also frequently reported, although the specific association of these disorders to SSRI use has not been consistently shown. The effects of SSRIs on sexual functioning seem strongly dose-related and may vary among the group according to serotonin and dopamine reuptake mechanisms, induction of prolactin release, anticholinergic effects, inhibition of nitric oxide synthetase, and propensity for accumulation over time. A variety of strategies have been reported in the management of SSRI-induced sexual dysfunction, including waiting for tolerance to develop, dosage reduction, drug holidays, substitution of another antidepressant drug, and various augmentation strategies with 5-hydroxytryptamine-2 (5-HT2), 5-HT3, and alpha2 adrenergic receptor antagonists, 5-HT1A and dopamine receptor agonists, and **phosphodiesterase** (**PDE5**) enzyme inhibitors. Sexual side effects of SSRIs should not be viewed as entirely negative; some studies have shown improved control of **premature ejaculation** in men. The impacts of sexual side effects of SSRIs on treatment compliance and on patients' quality of life are important clinical considerations.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Clinical Trials
Ejaculation: DE, drug effects
Impotence: CI, chemically induced
Impotence: DT, drug therapy
Impotence: EP, epidemiology
Orgasm: DE, drug effects
Serotonin Uptake Inhibitors: AE, adverse effects
*Serotonin Uptake Inhibitors: PD, pharmacology
*Sexuality: DE, drug effects

CN 0 (Serotonin Uptake Inhibitors)

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L87 ANSWER 1 OF 4 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:563312 BIOSIS
DN PREV200200563312
TI Management of **premature ejaculation**: A comparison of treatment outcome in patients with and without erectile dysfunction.
AU Chia, Sing Joo (1)
CS (1) Section of Urology, Department of General Surgery, Tan Tock Seng Hospital, Singapore, 383380: sing_joo_chia@ttsh.com.sg Singapore
SO International Journal of Andrology, (October, 2002) Vol. 25, No. 5, pp. 301-305. http://www.blackwell-science.com/ cgilib/jnlpage.asp?Journal=ija&File=ija. print.
ISSN: 0105-6263.
DT Article

LA English

AB This study evaluated the problem of **premature ejaculation** (PE) in patients treated for erectile dysfunction. The aim was to compare the efficacy of selective serotonin reuptake inhibitors (SSRIs) in the management of primary PE and PE associated with sildenefil treatment. Eighty-seven patients with PE seen over a period of 17 months were recruited into this prospective study. They were categorized into two groups: primary PE (GPI) and PE in sildenefil-treated patients (GPII). All patients recruited into GPII had erectile dysfunction (ED) that was successfully treated with sildenefil citrate for at least a year. Both groups of patients were given sertraline 50 mg 4 h before expected time of sex. The minimum follow-up was 6 months. The **ejaculation** latency before and after treatment of the two groups were compared. The sexual satisfaction scores of the patients in the two groups were also sought and analysed. Twenty-eight percent of patients with ED who were successfully treated with sildenefil developed PE. Subjects in group GPI were younger and have less comorbid factors than those in group GPII. There was no significant difference in the mean **ejaculation** latency for both groups (46 vs. 34.6 sec for GPI and GPII, respectively). However, there was highly significant difference in the **ejaculation** latency between the two groups after treatment with sertraline for 6 months (247.2 vs. 111.6 sec for GPI and GPII, respectively). There was also significant difference in the sexual satisfaction score for group GPI post-treatment, but not for GPII. No significant side-effect of sertraline was reported from patients in both groups. Successful treatment of ED could not assure sexual satisfaction. At least a quarter of sildenefil treated ED patients might develop PE which would continue to frustrate these patients sexually. While selective serotonin re-uptake inhibitors (SSRIs) was effective in the management of primary PE, they were not as effective in patients with sildenefil corrected ED.

CC Urinary System and External Secretions - Pathology *15506
Behavioral Biology - Human Behavior *07004
Pathology, General and Miscellaneous - Therapy *12512
Reproductive System - Pathology *16506
Psychiatry - Psychopathology; Psychodynamics and Therapy *21002
Pharmacology - General *22002
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Neuropharmacology *22024

BC Hominidae 86215

IT Major Concepts
Pharmacology; Psychiatry (Human Medicine, Medical Sciences); Urology (Human Medicine, Medical Sciences)

IT Diseases
erectile dysfunction: reproductive system disease/male;
premature ejaculation: behavioral and mental disorders, therapy

IT Chemicals & Biochemicals
selective serotonin reuptake inhibitors [SSRIs]: efficacy, serotonin receptor antagonist - drug; sildenefil **citrate** [**sildenafil citrate**]: enzyme inhibitor - drug

IT Alternate Indexing
Impotence (MeSH)

IT Miscellaneous Descriptors
mean ejaculation latency; sexual satisfaction; treatment outcomes

ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia

ORGN Organism Name
human (Hominidae): Chinese, Indian, Malay, adult, male, middle age, patient

ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates

RN **171599-83-0 (SILDENAFIL CITRATE)**

L87 ANSWER 2 OF 4 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:472313 BIOSIS
DN PREV200200472313
TI Role of **sildenafil** in the treatment of **premature ejaculation** (PE.
AU Chen, Juza (1); Greenstein, Alexander (1); Mabjeesh, Nicola J. (1); Matzkin, Haim (1)
CS (1) Tel-Aviv Israel
SO Journal of Urology, (April, 2002) Vol. 167, No. 4 Supplement, pp. 280. http://www.jurology.com/. print.
Meeting Info.: Annual Meeting of the American Urology Association, Inc. Orlando, Florida, USA May 25-30, 2002
ISSN: 0022-5347.
DT Conference
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals *00520
Behavioral Biology - Human Behavior *07004
Biochemical Studies - General *10060
Pathology, General and Miscellaneous - Therapy *12512
Urinary System and External Secretions - Pathology *15506
Reproductive System - Pathology *16506
Psychiatry - Psychopathology; Psychodynamics and Therapy *21002
Pharmacology - General *22002
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Cardiovascular System *22010
Pharmacology - Neuropharmacology *22024
BC Hominidae 86215
IT Major Concepts
Pharmacology; Urology (Human Medicine, Medical Sciences)
IT Diseases
premature ejaculation: behavioral and mental disorders, drug therapy, reproductive system disease/male
IT Chemicals & Biochemicals
Esracain: serotonin receptor antagonist - drug; lidocaine: local anesthetic - drug; **sildenafil**: cardiovascular - drug, enzyme inhibitor - drug, vasodilator - drug
IT Methods & Equipment
psychological/behavioral counseling: counseling method
IT Miscellaneous Descriptors
drug dose escalation; drug efficacy; sexual intercourse; Meeting Abstract
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae): adult, male, patient
ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates
RN 137-58-6 (LIDOCAINE)
139755-83-2 (SILDENAFIL)

L87 ANSWER 3 OF 4 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:472309 BIOSIS
DN PREV200200472309
TI A prospective study comparing paroxetine alone versus paroxetine plus **sildenafil** in patients with **premature ejaculation**.
AU Salonia, Andrea (1); Montorsi, Francesco (1); Zanoni, Matteo (1); Deho, Federico (1); Barbieri, Luigi (1); Colombo, Renzo (1); Scattoni, Vincenzo (1); Guazzoni, Giorgio (1); Rigatti, Patrizio (1)
CS (1) Milan Italy
SO Journal of Urology, (April, 2002) Vol. 167, No. 4 Supplement, pp. 279. http://www.jurology.com/. print.

Meeting Info.: Annual Meeting of the American Urology Association, Inc. Orlando, Florida, USA May 25-30, 2002
ISSN: 0022-5347.
DT Conference
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals *00520
Behavioral Biology - Human Behavior *07004
Biochemical Studies - General *10060
Pathology, General and Miscellaneous - Therapy *12512
Urinary System and External Secretions - Pathology *15506
Reproductive System - Pathology *16506
Psychiatry - Psychopathology; Psychodynamics and Therapy *21002
Pharmacology - General *22002
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Cardiovascular System *22010
Pharmacology - Neuropharmacology *22024
Toxicology - General; Methods and Experimental *22501
Toxicology - Pharmacological Toxicology *22504
BC Hominidae 86215
IT Major Concepts
Pharmacology; Urology (Human Medicine, Medical Sciences)
IT Diseases
premature ejaculation: behavioral and mental disorders, reproductive system disease/male
IT Chemicals & Biochemicals
paroxetine: serotonin receptor antagonist - drug, toxicity; **sildenafil**: cardiovascular - drug, enzyme inhibitor - drug, toxicity, vasodilator - drug
IT Miscellaneous Descriptors
drug dosage; drug efficacy; mean ejaculatory latency time; sexual intercourse satisfaction; Meeting Abstract
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae): adult, male, middle age, patient
ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates
RN 61869-08-7 (PAROXETINE)
139755-83-2 (SILDENAFIL)

L87 ANSWER 4 OF 4 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:424098 BIOSIS
DN PREV200200424098
TI **Sildenafil** plus sertraline in the treatment of **premature ejaculation.**
AU Lozano, A. Fernandez (1)
CS (1) Catalonian Health Institute, Barcelona Spain
SO Journal of Andrology Supplement, (March April, 2002) No. Supplement, pp. 60. http://www.andrologysociety.com/meet.cfm. print.
Meeting Info.: 27th Annual Meeting of the American Society of Andrology Seattle, Washington, USA April 24-27, 2002
DT Conference
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals *00520
Behavioral Biology - Human Behavior *07004
Pathology, General and Miscellaneous - Therapy *12512
Urinary System and External Secretions - Pathology *15506
Reproductive System - Pathology *16506
Psychiatry - Psychopathology; Psychodynamics and Therapy *21002
Pharmacology - General *22002
Pharmacology - Clinical Pharmacology *22005

Pharmacology - Cardiovascular System *22010
BC Hominidae 86215
IT Major Concepts
Pharmacology; Psychiatry (Human Medicine, Medical Sciences); Urology (Human Medicine, Medical Sciences)
IT Diseases
premature ejaculation: behavioral and mental disorders; sexual dysfunction: reproductive system disease
IT Chemicals & Biochemicals
sildenafil plus sertraline: cardiovascular - drug, enzyme inhibitor - drug, vasodilator - drug
IT Alternate Indexing
Sexual Dysfunctions, Psychological (MeSH)
IT Methods & Equipment
psychotherapy
IT Miscellaneous Descriptors
Meeting Abstract
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae): male, patient
ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates

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L94 ANSWER 1 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001051945 EMBASE
TI **Premature ejaculation** and pharmacotherapy.
AU Riley A.
CS A. Riley, Sexual Medicine, University of Central Lancashire, Lancashire, United Kingdom
SO International Journal of Pharmaceutical Medicine, (2000) 14/6 (309-310).
Refs: 18
ISSN: 1364-9027 CODEN: IJPMFV
CY United Kingdom
DT Journal; Note
FS 017 Public Health, Social Medicine and Epidemiology
028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
LA English
CT Medical Descriptors:
***premature ejaculation: DI, diagnosis**
***premature ejaculation: DT, drug therapy**
***premature ejaculation: EP, epidemiology**
***premature ejaculation: TH, therapy**
sexual dysfunction: DI, diagnosis
sexual dysfunction: DT, drug therapy
sexual dysfunction: EP, epidemiology
sexual dysfunction: TH, therapy

prevalence
sex therapy
psychotherapy
treatment outcome
United Kingdom
clinical feature
diagnostic procedure
human
male
clinical trial
note
priority journal
Drug Descriptors:
prostaglandin E1: DT, drug therapy
prostaglandin E1: CA, intracavernous drug administration
sildenafil: DT, drug therapy
cinchocaine: DT, drug therapy
lidocaine: DT, drug therapy
serotonin uptake inhibitor: DT, drug therapy
antidepressant agent: DT, drug therapy
amitriptyline plus perphenazine: CT, clinical trial
amitriptyline plus perphenazine: DT, drug therapy
placebo
triptafen da
RN (prostaglandin E1) 745-65-3; (**sildenafil**) **139755-83-2**; (cinchocaine) 61-12-1, 8061-94-7, 85-79-0; (lidocaine) 137-58-6, 24847-67-4, 56934-02-2, 73-78-9; (amitriptyline plus perphenazine) 8015-22-3
CN (1) Caverject; **Viagra**; Triptafen da
CO (1) Upjohn

L94 ANSWER 2 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001038521 EMBASE
TI The medicalization of male sexual dysfunctions: An analysis of sex therapy journals.
AU Winton M.A.
CS Dr. M.A. Winton, P.O. Box 948468, Maitland, FL 32794-8468, United States. Mwinton@aol.com
SO Journal of Sex Education and Therapy, (2000) 25/4 (231-239).
Refs: 97
ISSN: 0161-4576 CODEN: JSETE2
CY United States
DT Journal; General Review
FS 010 Obstetrics and Gynecology
028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
LA English
SL English
AB This study explored paradigm change in sex therapy for male sexual dysfunctions. An analysis of the professional journal literature was used to examine the theories, causes, and treatments utilized to explain and treat erectile dysfunction and **premature ejaculation** between 1967 and 1998. The journals analyzed include the Journal of Sex Education and Therapy, the Journal of Sex & Marital Therapy, the Journal of Sex Research, and Archives of Sexual Behavior. Sex therapy may be characterized as a multiple paradigm science; the medical and psychological models are reviewed. The medical model includes various approaches such as hormone therapy, herbs, prescription medication, surgery, and vacuum therapy. While the behavioral model is the dominant psychological sex therapy paradigm, the results indicate that the medical model has emerged as the dominant paradigm for the treatment of male sexual dysfunctions. These findings suggest several possibilities for sex

therapy: a decline of practitioners without medical training, the development of new roles, and medical and non-medical practitioners working together.
CT Medical Descriptors:
*male sexual dysfunction: DT, drug therapy
*male sexual dysfunction: SU, surgery
*male sexual dysfunction: TH, therapy
erectile dysfunction: DT, drug therapy
erectile dysfunction: SU, surgery
erectile dysfunction: TH, therapy
premature ejaculation: DT, drug therapy
premature ejaculation: SU, surgery
premature ejaculation: TH, therapy
medical literature
sex therapy
hormonal therapy
herbal medicine
sexual behavior
human
male
review
Drug Descriptors:
sildenafil: DT, drug therapy
antidepressant agent: DT, drug therapy
tranquilizer: DT, drug therapy
Ginkgo biloba extract: DT, drug therapy
yohimbine: DT, drug therapy
papaverine: DT, drug therapy
RN (**sildenafil**) **139755-83-2**; (yohimbine) 146-48-5, 65-19-0; (papaverine) 58-74-2, 61-25-6
CN **Viagra**

L94 ANSWER 3 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001016190 EMBASE
TI Treatment of male sexual dysfunction.
AU Holmes S.
CS Dr. S. Holmes, Consultant Urologist, St Mary's Hospital, Milton Road, Portsmouth PO3 6AD, United Kingdom
SO British Medical Bulletin, (2000) 56/3 (798-808).
Refs: 23
ISSN: 0007-1420 CODEN: BMBUAQ
CY United Kingdom
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Male sexual dysfunction is a prevalent condition in the population, is a major health problem and has previously been both under diagnosed and under treated. There are now a number of treatments available that are safe and easy to use which provide an effective solution for most presenting patients. Oral drugs have recently become the first-line option for many men with about 60-70% of new presentations achieving success. Those who fail a trial of oral treatments have a number of other options available, which are able to provide erections sufficient for intercourse in many of the oral drug failures. All these options, their indications, side-effects and complications are outlined in this chapter.
CT Medical Descriptors:
*erectile dysfunction: DT, drug therapy
*erectile dysfunction: ET, etiology
*erectile dysfunction: SU, surgery
*erectile dysfunction: TH, therapy

*impotence: DT, drug therapy
*impotence: ET, etiology
*impotence: SU, surgery
*impotence: TH, therapy
***premature ejaculation: DT, drug therapy**
***premature ejaculation: ET, etiology**
pathophysiology
aging
treatment indication
psychotherapy
hormonal therapy
penis prosthesis
adrenergic stimulation
vacuum
color vision defect: SI, side effect
heart infarction: SI, side effect
sudden death
vertigo: SI, side effect
rhinitis: SI, side effect
tachycardia: SI, side effect
nausea: SI, side effect
vomiting: SI, side effect
self injection
injection pain: SI, side effect
priapism: SI, side effect
human
clinical trial
review
priority journal
Drug Descriptors:
clomipramine: DT, drug therapy
paroxetine: DT, drug therapy
sildenafil: AE, adverse drug reaction
sildenafil: CT, clinical trial
sildenafil: DT, drug therapy
sildenafil: PO, oral drug administration
phosphodiesterase: EC, endogenous compound
nitric oxide: EC, endogenous compound
vasoactive intestinal polypeptide: CT, clinical trial
vasoactive intestinal polypeptide: CB, drug combination
vasoactive intestinal polypeptide: DT, drug therapy
vasoactive intestinal polypeptide: EC, endogenous compound
vasoactive intestinal polypeptide: CA, intracavernous drug administration
adenosine triphosphate: EC, endogenous compound
guanosine triphosphate: EC, endogenous compound
cyclic AMP: EC, endogenous compound
cyclic GMP: EC, endogenous compound
phosphodiesterase 5: EC, endogenous compound
phentolamine: AE, adverse drug reaction
phentolamine: CT, clinical trial
phentolamine: CB, drug combination
phentolamine: DT, drug therapy
phentolamine: CA, intracavernous drug administration
phentolamine: PO, oral drug administration
apomorphine: AE, adverse drug reaction
apomorphine: DT, drug therapy
prostaglandin E1: AE, adverse drug reaction
prostaglandin E1: DT, drug therapy
prostaglandin E1: CA, intracavernous drug administration
prostaglandin E1: UR, intraurethral drug administration
prostavasin: AE, adverse drug reaction
prostavasin: DT, drug therapy
prostavasin: CA, intracavernous drug administration

unclassified drug
RN (clomipramine) 17321-77-6, 303-49-1; (paroxetine) 61869-08-7; (**sildenafil**) **139755-83-2**; (nitric oxide) 10102-43-9; (vasoactive intestinal polypeptide) 37221-79-7; (adenosine triphosphate) 15237-44-2, 56-65-5, 987-65-5; (guanosine triphosphate) 86-01-1; (cyclic AMP) 60-92-4; (cyclic GMP) 7665-99-8; (phentolamine) 50-60-2, 73-05-2; (apomorphine) 314-19-2, 58-00-4; (prostaglandin E1) 745-65-3; (prostavasin) 55648-20-9
CN Caverject; Muse; **Viagra**; Viridal

L94 ANSWER 4 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001006139 EMBASE
TI [Neurosexuology and sexual psychopharmacology].
NEUROSEKSUOLOGIE EN SEKSUELE PSYCHOFARMACOLOGIE.
AU Waldinger M.D.; Hengeveld M.W.
CS Dr. M.D. Waldinger, Ziekenhuis Leyenburg, Leyweg 275, 2545 CH Den Haag, Netherlands
SO Tijdschrift voor Psychiatrie, (2000) 42/8 (585-593).
Refs: 49
ISSN: 0303-7339 CODEN: TPSYB3
CY Netherlands
DT Journal; Article
FS 028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
LA Dutch
SL English; Dutch
AB BACKGROUND: During the last decade the developments in neuroscience have contributed to the development of sexual psychopharmacology. AIMS Evaluation of the current state of neurosexuology and sexual psychopharmacology. METHODS: The contents of this review article is based on a selection of the for the subject relevant clinical and animal studies. RESULTS: An increased sexual desire, erectile disturbances; **premature ejaculation** and certain paraphilic behavioural disturbances may be treated with various psychoactive drugs, in addition, psychoactive drugs-induced sexual disturbances may occasionally be diminished by adjunct medication. The probable introduction of selective Serotonin and dopamine agonists and antagonists gives the opportunity to treat also other sexual disturbances in future. CONCLUSIONS: The psychopharmacological treatment of sexual disorders is a task of psychiatrists.
CT Medical Descriptors:
*sexual deviation: DT, drug therapy
*erectile dysfunction: DT, drug therapy
***premature ejaculation: DT, drug therapy**
sexology
drug indication
drug efficacy
human
nonhuman
article
Drug Descriptors:
serotonin agonist: DT, drug therapy
serotonin antagonist: DT, drug therapy
dopamine receptor blocking agent: DT, drug therapy
dopamine receptor stimulating agent: DT, drug therapy
serotonin 2C receptor: EC, endogenous compound
serotonin 2A receptor: EC, endogenous compound
serotonin 3 receptor: EC, endogenous compound
testosterone: EC, endogenous compound
prolactin: EC, endogenous compound
bromocriptine: DT, drug therapy
amfebutamone: DT, drug therapy

paroxetine: DT, drug therapy
fluoxetine: DT, drug therapy
yohimbine: DT, drug therapy
trazodone: DT, drug therapy
sildenafil: DT, drug therapy
apomorphine: DT, drug therapy
apomorphine: SB, sublabial drug administration
phentolamine: DT, drug therapy
phentolamine: PO, oral drug administration
cyproterone acetate: DT, drug therapy
benperidol: DT, drug therapy
lithium carbonate: DT, drug therapy
clomipramine: DT, drug therapy
desipramine: DT, drug therapy
fluvoxamine: DT, drug therapy
antidepressant agent: DT, drug therapy
neuroleptic agent: DT, drug therapy
carbamazepine: DT, drug therapy
valproic acid: DT, drug therapy
prasterone sulfate: EC, endogenous compound
sex hormone binding globulin: EC, endogenous compound

RN (testosterone) 58-22-0; (prolactin) 12585-34-1, 50647-00-2, 9002-62-4; (bromocriptine) 25614-03-3; (amfebutamone) 31677-93-7, 34911-55-2; (paroxetine) 61869-08-7; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (yohimbine) 146-48-5, 65-19-0; (trazodone) 19794-93-5, 25332-39-2; (**sildenafil**) **139755-83-2**; (apomorphine) 314-19-2, 58-00-4; (phentolamine) 50-60-2, 73-05-2; (cyproterone acetate) 427-51-0; (benperidol) 2062-84-2; (lithium carbonate) 554-13-2; (clomipramine) 17321-77-6, 303-49-1; (desipramine) 50-47-5, 58-28-6; (fluvoxamine) 54739-18-3; (carbamazepine) 298-46-4, 8047-84-5; (valproic acid) 1069-66-5, 99-66-1; (prasterone sulfate) 651-48-9

L94 ANSWER 5 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000431024 EMBASE
TI Pharmacotherapy in the treatment of male sexual dysfunction.
AU Rowland D.L.; Burnett A.L.
CS D.L. Rowland, Department of Psychology, Valparaiso University, Valparaiso, IN 46383, United States. David.Rowland@Valpo.edu
SO Journal of Sex Research, (2000) 37/3 (226-243).
Refs: 144
ISSN: 0022-4499 CODEN: JSXRAJ
CY United States
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
AB Recent advances in the use of drugs for the treatment of two major sexual dysfunctions in men, erectile dysfunction and **premature ejaculation**, are presented. Optimal parameters for use, overall efficacy, and actual or presumed mechanism of action are discussed for both oral and nonoral medications that have been commonly used in the past 10 to 15 years. The limitations of the specific pharmacotherapies for treating sexual dysfunction, as well as the limitations of current research investigating various pharmacological options, are acknowledged. General issues surrounding the rising use of drugs for treating sexual dysfunction are also discussed, including the value of considering therapeutic goals and treatment options that focus on more than just restoration of genital function.
CT Medical Descriptors:
*male sexual dysfunction: DT, drug therapy
*erectile dysfunction: DT, drug therapy
***premature ejaculation: DT, drug therapy**

penis erection
drug efficacy
drug use
sexual function
human
male
review
Drug Descriptors:
*prostaglandin E1: AD, drug administration
*prostaglandin E1: CB, drug combination
*prostaglandin E1: DO, drug dose
*prostaglandin E1: DT, drug therapy
*prostaglandin E1: IV, intravenous drug administration
*prostaglandin E1: TP, topical drug administration
*phentolamine: AD, drug administration
*phentolamine: CB, drug combination
*phentolamine: DO, drug dose
*phentolamine: DT, drug therapy
*phentolamine: IV, intravenous drug administration
*phentolamine: PO, oral drug administration
*vasoactive intestinal polypeptide: CB, drug combination
*vasoactive intestinal polypeptide: DO, drug dose
*vasoactive intestinal polypeptide: DT, drug therapy
*vasoactive intestinal polypeptide: IV, intravenous drug administration
*papaverine: AD, drug administration
*papaverine: CB, drug combination
*papaverine: DO, drug dose
*papaverine: DT, drug therapy
*papaverine: IV, intravenous drug administration
*papaverine: TP, topical drug administration
*moxisylyte: DO, drug dose
*moxisylyte: DT, drug therapy
*moxisylyte: IV, intravenous drug administration
*prazosin: CB, drug combination
*prazosin: DO, drug dose
*prazosin: DT, drug therapy
*prazosin: IV, intravenous drug administration
*minoxidil: DO, drug dose
*minoxidil: DT, drug therapy
*minoxidil: TP, topical drug administration
*glyceryl trinitrate: DO, drug dose
*glyceryl trinitrate: DT, drug therapy
*glyceryl trinitrate: TP, topical drug administration
sildenafil: DO, drug dose
sildenafil: DT, drug therapy
sildenafil: PO, oral drug administration
apomorphine: DO, drug dose
apomorphine: DT, drug therapy
apomorphine: PO, oral drug administration
yohimbine: DO, drug dose
yohimbine: DT, drug therapy
yohimbine: PO, oral drug administration
trazodone: DO, drug dose
trazodone: DT, drug therapy
trazodone: PO, oral drug administration
EMLA: DO, drug dose
EMLA: DT, drug therapy
EMLA: TP, topical drug administration
clomipramine: DO, drug dose
clomipramine: DT, drug therapy
fluoxetine: DO, drug dose
fluoxetine: DT, drug therapy
paroxetine: DO, drug dose

paroxetine: DT, drug therapy
sertraline: DO, drug dose
sertraline: DT, drug therapy
fluvoxamine maleate: DO, drug dose
fluvoxamine maleate: DT, drug therapy
phenoxybenzamine: DO, drug dose
phenoxybenzamine: DT, drug therapy
alfuzosin: DO, drug dose
alfuzosin: DT, drug therapy
terazosin: DO, drug dose
terazosin: DT, drug therapy
propranolol: DO, drug dose
propranolol: DT, drug therapy
prostavasin
bimix
bimix androskat
trimix
invicorp
alibra
phentolamine mesylate
yolon

RN (prostaglandin E1) 745-65-3; (phentolamine) 50-60-2, 73-05-2; (vasoactive intestinal polypeptide) 37221-79-7; (papaverine) 58-74-2, 61-25-6; (moxisylyte) 54-32-0, 964-52-3; (prazosin) 19216-56-9, 19237-84-4; (minoxidil) 38304-91-5; (glyceryl trinitrate) 55-63-0; (**sildenafil**) **139755-83-2**; (apomorphine) 314-19-2, 58-00-4; (yohimbine) 146-48-5, 65-19-0; (trazodone) 19794-93-5, 25332-39-2; (EMLA) 101362-25-8; (clomipramine) 17321-77-6, 303-49-1; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (paroxetine) 61869-08-7; (sertraline) 79617-96-2; (fluvoxamine maleate) 61718-82-9; (phenoxybenzamine) 59-96-1, 63-92-3; (alfuzosin) 81403-80-7; (terazosin) 63074-08-8, 63590-64-7; (propranolol) 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6; (prostavasin) 55648-20-9; (trimix) 89210-11-7; (phentolamine mesylate) 65-28-1

CN Caverject; Edex; Bimix; Bimix androskat; Trimix; Invicorp; Thymoxamine; Muse; Alibra; **Viagra**; Spontane; Vasomax; Yolon; Desyrel; Anafranil; Prozac; Paxil; Zoloft; Luvox

L94 ANSWER 6 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000391962 EMBASE
TI Age, libido, and male sexual function.
AU Slob A.K.
CS A.K. Slob, Dept. of Endocrinology/Reproduction, Erasmus Univ. Med. Center Rotterdam, PO Box 1738, 3000 DR Rotterdam, Netherlands. slob@endov.fgg.eur.nl
SO Prostate, (2000) 45/SUPPL. 10 (9-13).
Refs: 36
ISSN: 0270-4137 CODEN: PRSTDS
CY United States
DT Journal; Conference Article
FS 003 Endocrinology
020 Gerontology and Geriatrics
021 Developmental Biology and Teratology
028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
AB In the last decade of the 20th century, there was a distinct reappraisal of male sexual dysfunction and its pharmaco-medical treatment. Although representative studies of sexual (dys)function in the aging male (i.e., between 60-90 years of age) are still lacking, one might assume with certainty that many men and their partners could benefit from sexological counseling and treatment. At the same time, it is obvious that many older men with erectile dysfunction do not seek or want treatment for various

reasons. Nevertheless, it is obligatory that modern physicians include sexual matters in dealing with their aging patients, as an essential part of their quality of life. The doctor of today should approach the old(er) male patient with sexual dysfunction (regardless of comorbidity) in an identical manner as young(er) patients, i.e., with proper sexological history-taking, proper physical examination, and/or sexological diagnostic screening, and discussing the various available treatments. Needless to say, that they should not 'create' sexual problems when patients are satisfied with their current way of life. However, with the increasing number of efficacious treatments, doctors will satisfy many of their older patients with sexual difficulties who seek treatment. (C) 2000 Wiley-Liss, Inc.

CT Medical Descriptors:
*aging
*libido
*sexual dysfunction: DT, drug therapy
quality of life
patient counseling
life satisfaction
physician
erectile dysfunction: DT, drug therapy
anamnesis
physical examination
premature ejaculation: DT, drug therapy
human
male
aged
adult
conference paper
priority journal
Drug Descriptors:
sildenafil: DT, drug therapy
sildenafil: PO, oral drug administration
papaverine: CB, drug combination
papaverine: DT, drug therapy
papaverine: CA, intracavernous drug administration
phentolamine: CB, drug combination
phentolamine: DT, drug therapy
phentolamine: CA, intracavernous drug administration
prostaglandin E1: DT, drug therapy
clomipramine: DT, drug therapy
clomipramine: PO, oral drug administration
serotonin uptake inhibitor: DT, drug therapy
sertraline: DT, drug therapy
paroxetine: DT, drug therapy
testosterone: DT, drug therapy
androskat

RN (**sildenafil**) **139755-83-2**; (papaverine) 58-74-2, 61-25-6; (phentolamine) 50-60-2, 73-05-2; (prostaglandin E1) 745-65-3; (clomipramine) 17321-77-6, 303-49-1; (sertraline) 79617-96-2; (paroxetine) 61869-08-7; (testosterone) 58-22-0

CN **Viagra**; Androskat; Caverject; Anafranil

L94 ANSWER 7 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000349697 EMBASE
TI Health issues in men: Part I. Common genitourinary disorders.
AU Epperly T.D.; Moore K.E.
CS Dr. T.D. Epperly, Dept. of Family/Community Medicine, Eisenhower Army Medical Center, Fort Gordon, GA 30905-5650, United States
SO American Family Physician, (15 Jun 2000) 61/12 (3657-3664).
Refs: 20
ISSN: 0002-838X CODEN: AFPYAE
CY United States

DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
AB Common genitourinary health issues that arise in the care of male patients include prostatitis, benign prostatic hyperplasia, urogenital cancers, **premature ejaculation** and erectile dysfunction.
Bacterial infections are responsible for only 5 to 10 percent of prostatitis cases. Benign prostatic hyperplasia is present in 90 percent of men by the age of 85. Common urogenital cancers include prostate cancer, transitional cell carcinoma of the bladder and testicular cancer. Although an estimated 10 percent of men eventually develop prostate cancer, screening for this malignancy is one of the most controversial areas of health prevention. **Premature ejaculation** occurs in as many as 40 percent of men. Treatment with tricyclic antidepressants, selective serotonin reuptake inhibitors, counseling or behavioral therapy may be helpful. Erectile dysfunction affects up to 30 percent of men between 40 and 70 years of age. Stepped therapy is a useful approach to this common malady. Good treatment results have been obtained with orally administered **sildenafil** and intraurethrally administered alprostadil.
CT Medical Descriptors:
*urogenital tract disease
prostatitis
prostate hypertrophy: DT, drug therapy
urogenital tract cancer
premature ejaculation: DT, drug therapy
erectile dysfunction: DT, drug therapy
prostate cancer
behavior therapy
bladder carcinoma
testis cancer
human
male
review
Drug Descriptors:
***sildenafil: DT, drug therapy**
***sildenafil: PO, oral drug administration**
*prostaglandin E1: DT, drug therapy
*prostaglandin E1: UR, intraurethral drug administration
*tricyclic antidepressant agent: DT, drug therapy
*serotonin uptake inhibitor: DT, drug therapy
doxazosin: DT, drug therapy
tamsulosin: DT, drug therapy
terazosin: DT, drug therapy
RN (**sildenafil**) **139755-83-2**; (prostaglandin E1) 745-65-3; (doxazosin) 74191-85-8; (tamsulosin) 80223-99-0; (terazosin) 63074-08-8, 63590-64-7

L94 ANSWER 8 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000129224 EMBASE
TI Sexual dysfunction in Parkinson's disease.
AU Lambert D.; Waters C.H.
CS Dr. C.H. Waters, Neurological Institute, Columbia University, 710 West 168th Street, New York, NY 10032, United States
SO Clinical Neuroscience, (1998) 5/2 (73-77).
Refs: 35
ISSN: 1065-6766 CODEN: CINUE5
CY United States
DT Journal; General Review
FS 008 Neurology and Neurosurgery
028 Urology and Nephrology

032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Sexual dysfunction is seen in a number of neurologic diseases. In this article we review normal human sexual response, some neurologic diseases in which sexual dysfunction is seen, and Parkinson's disease (PD). With PD there is often a reduction in sexual interest and function. The studies documenting these problems are detailed. In addition, we focus on the syndrome of hyper- or aberrant sexual function seen with pharmacotherapy of PD. (C) 2000 Wiley- Liss, Inc.
CT Medical Descriptors:
*sexual dysfunction: CO, complication
*Parkinson disease: DT, drug therapy
sexual behavior
erectile dysfunction: CO, complication
erectile dysfunction: DT, drug therapy
impotence: CO, complication
premature ejaculation: CO, complication
depression: CO, complication
anxiety
libido
psychosexual disorder: SI, side effect
human
review
priority journal
Drug Descriptors:
*antiparkinson agent: AE, adverse drug reaction
*antiparkinson agent: DT, drug therapy
*dopamine receptor stimulating agent: AE, adverse drug reaction
*dopamine receptor stimulating agent: DT, drug therapy
carbidopa plus levodopa: AE, adverse drug reaction
carbidopa plus levodopa: DT, drug therapy
selegiline: AE, adverse drug reaction
selegiline: DT, drug therapy
pergolide: AE, adverse drug reaction
pergolide: DT, drug therapy
cabergoline: AE, adverse drug reaction
cabergoline: DT, drug therapy
entacapone: AE, adverse drug reaction
entacapone: DT, drug therapy
pramipexole: AE, adverse drug reaction
pramipexole: DT, drug therapy
sertraline: AE, adverse drug reaction
sertraline: DT, drug therapy
sildenafil: DT, drug therapy
RN (carbidopa plus levodopa) 57308-51-7; (selegiline) 14611-51-9, 14611-52-0, 2079-54-1, 2323-36-6; (pergolide) 66104-22-1; (cabergoline) 81409-90-7; (entacapone) 116314-67-1; (pramipexole) 104632-26-0; (sertraline) 79617-96-2; (**sildenafil**) **139755-83-2**
CN **(1) Viagra**; Sinemet
CO (1) Pfizer (United States)

L94 ANSWER 9 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000114189 EMBASE
TI Non-surgical management of erectile dysfunction.
AU Levy A.; Crowley T.; Gingell C.
CS Dr. A. Levy, Univ. Res. Ctr. Neuroendocrinology, Bristol Royal Infirmary Div. of Med., Lower Maudlin Street, Bristol BS2 8HW, United Kingdom. a.levy@bris.ac.uk
SO Clinical Endocrinology, (2000) 52/3 (253-260).
Refs: 103

ISSN: 0300-0664 CODEN: CLENAO
CY United Kingdom
DT Journal; General Review
FS 003 Endocrinology
028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Erectile dysfunction is a common and distressing medical condition that is now highly amenable to treatment almost irrespective of the cause. Safe, non-surgical treatments with unequivocal efficacy are psychological therapy, intracorporeal injection of vasoactive drugs, transurethral vasodilators and oral **sildenafil**, all of which have been reported to have a 50-70% overall response rate. Vacuum constriction devices are acceptable for some, usually older patients and oral yohimbine is thought to have marginal efficacy. Local creams to induce or enhance erectile function are currently being investigated. There is no place for androgen supplementation unless the patient is profoundly hypogonadal. Treatment of hyperprolactinaemia is very effective but is a rare cause of erectile dysfunction. As intercourse may entail an unfamiliar level of physical activity, it is sensible to ensure that the patient is able to climb a flight or two of stairs comfortably without provoking undue breathlessness or chest pain and to provide suitable advice about technique before commencing treatment. Once it is clear to the patients that erectile dysfunction can be satisfactorily overcome, the long- term use of treatments to do so tends to wane. Thus, although the prospect of effective treatment for what had been for many a distressing life sentence has the potential to place new demands on the health service, there is no evidence that restrictions on prescribing will prove economically rational.
CT Medical Descriptors:
*erectile dysfunction: CO, complication
*erectile dysfunction: DI, diagnosis
*erectile dysfunction: DT, drug therapy
*erectile dysfunction: ET, etiology
*erectile dysfunction: SU, surgery
*erectile dysfunction: TH, therapy
***premature ejaculation: DT, drug therapy**
pathogenesis
hormone deficiency: DT, drug therapy
hyperprolactinemia: DT, drug therapy
androgen therapy
drug mechanism
drug efficacy
clinical protocol
diagnostic approach route
penis erection
psychotherapy
psychopharmacotherapy
drug competition
urologic surgery
drug induced disease: ET, etiology
drug induced disease: SI, side effect
iontophoresis
drug safety
human
review
priority journal
Drug Descriptors:
testosterone: DT, drug therapy
testosterone: EC, endogenous compound

prolactin: EC, endogenous compound
dopamine receptor stimulating agent: DT, drug therapy
bromocriptine: DT, drug therapy
sildenafil: AE, adverse drug reaction
sildenafil: IT, drug interaction
sildenafil: DT, drug therapy
sildenafil: PO, oral drug administration
nitrate: AE, adverse drug reaction
nitrate: CB, drug combination
nitrate: IT, drug interaction
nitrate: DT, drug therapy
nitrate: TP, topical drug administration
prostaglandin E1: AD, drug administration
prostaglandin E1: DT, drug therapy
prostaglandin E1: CA, intracavernous drug administration
prostaglandin E1: UR, intraurethral drug administration
prostaglandin E1: TP, topical drug administration
clomipramine: DT, drug therapy
fluoxetine: DT, drug therapy
paroxetine: DT, drug therapy
sertraline: DT, drug therapy
yohimbine: DT, drug therapy
yohimbine: PO, oral drug administration
amyl nitrite: IT, drug interaction
trazodone: DT, drug therapy
trazodone: PO, oral drug administration
apomorphine: DT, drug therapy
apomorphine: PO, oral drug administration
alpha adrenergic receptor stimulating agent: DT, drug therapy
alpha adrenergic receptor stimulating agent: PO, oral drug administration
alpha intermedin derivative: DT, drug therapy
alpha intermedin derivative: PO, oral drug administration
prasterone: DT, drug therapy
prasterone: PO, oral drug administration
aminophylline: AE, adverse drug reaction
aminophylline: CB, drug combination
aminophylline: DT, drug therapy
aminophylline: TP, topical drug administration
dihydroergotoxine mesilate: AE, adverse drug reaction
dihydroergotoxine mesilate: CB, drug combination
dihydroergotoxine mesilate: DT, drug therapy
dihydroergotoxine mesilate: TP, topical drug administration
opiate derivative: CB, drug combination
opiate derivative: DT, drug therapy
opiate derivative: TP, topical drug administration
prostaglandin derivative: CB, drug combination
prostaglandin derivative: DT, drug therapy
prostaglandin derivative: TP, topical drug administration
alpha adrenergic receptor blocking agent: CB, drug combination
alpha adrenergic receptor blocking agent: DT, drug therapy
alpha adrenergic receptor blocking agent: TP, topical drug administration
vasoactive agent: DT, drug therapy
vasoactive agent: CA, intracavernous drug administration
papaverine: AE, adverse drug reaction
papaverine: DT, drug therapy
papaverine: CA, intracavernous drug administration
phentolamine: DT, drug therapy
phentolamine: CA, intracavernous drug administration
moxisylyte: DT, drug therapy
moxisylyte: CA, intracavernous drug administration
linsidomine: DT, drug therapy
linsidomine: CA, intracavernous drug administration
nitroprusside sodium: DT, drug therapy

nitroprusside sodium: CA, intracavernous drug administration
unindexed drug
RN (testosterone) 58-22-0; (prolactin) 12585-34-1, 50647-00-2, 9002-62-4; (bromocriptine) 25614-03-3; (**sildenafil**) **139755-83-2**; (nitrate) 14797-55-8; (prostaglandin E1) 745-65-3; (clomipramine) 17321-77-6, 303-49-1; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (paroxetine) 61869-08-7; (sertraline) 79617-96-2; (yohimbine) 146-48-5, 65-19-0; (amyl nitrite) 463-04-7; (trazodone) 19794-93-5, 25332-39-2; (apomorphine) 314-19-2, 58-00-4; (prasterone) 53-43-0; (aminophylline) 317-34-0; (dihydroergotoxine mesilate) 8067-24-1; (papaverine) 58-74-2, 61-25-6; (phentolamine) 50-60-2, 73-05-2; (moxisylyte) 54-32-0, 964-52-3; (linsidomine) 16142-27-1, 33876-97-0; (nitroprusside sodium) 14402-89-2, 15078-28-1

L94 ANSWER 10 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000009288 EMBASE
TI [**Premature ejaculation**].
PREDCASNA EJAKULACE.
AU Kolomaznik M.; Kolomaznik J.; Kolomaznikova M.
CS Dr. M. Kolomaznik, Soukroma Psychiatricka, Sexuologicka Ambulance, Klatovska tr. 89, 320 13 Plzen, Czech Republic
SO Ceska a Slovenska Psychiatrie, (1999) 95/8 (516-523).
Refs: 14
ISSN: 1212-0383 CODEN: CSLPFH
CY Czech Republic
DT Journal; Article
FS 028 Urology and Nephrology
037 Drug Literature Index
LA Czech
SL English; Czech
AB Couples are threatened by **premature ejaculation** (PE) (affecting some 30% men) if the man must take care to prevent a **premature** sexual climax which would interfere with successful termination of sexual intercourse. Causes and consequences of PE as well as therapeutic procedures are mentioned. The relativity of the term PE makes evaluation of the therapeutic results difficult. So far the most causal treatment is training. This is very pretentious as regards time, patience and the standard of cooperation of the couple. Therefore there exist so many parallel auxiliary approaches among which the most promising are, (if we omit the anticipated effects of sildenail or experience with invasive intracavernous injections of vasoactive substances) serotonergic preparations. It appears that in the treatment of PE we cannot only consider the destructive (inhibitory) effect of the undesirable actions of these preparations on different components of sexuality but also the positive (active) acquisition of control of frictional movements within the framework of PE as one of the sub-groups of 'dis- control-disorder' (van Praag). The discrepancy between the high effectiveness of serotonergic preparations in PE and the low percentage of erectile dysfunctions, as well as other components of sexual dysfunctions [2] and [11] seems to suggest that rather than an undesirable effect a positive effect on 'dis-control-disorder' is involved. The low percentage of undesirable effects, i.e. erectile dysfunctions in the quoted paper [5] may moreover suggest that it is encountered more in depressive patients than in patients with PE and along with the time needed for training, also another site of action of the preparation (perhaps the neuronal synaptic crevice in the peripheral reflex arch for **ejaculation** than at a central level with all consequences in the density and sensitivity of the appropriate receptors). There is the question to what extent in depressive patients sexual dysfunctions are caused by depression and to what extent by drugs. The authors present also the results of clinical observations of open studies from which ensues also the possibility to change in sertraline and clomipramine from the troublesome daily medication to intermittent treatment 'ad hoc'.

CT Medical Descriptors:
***premature ejaculation**
sexual intercourse
cooperation
marital therapy
erectile dysfunction: DT, drug therapy
drug effect
sex therapy
sexual dysfunction: DT, drug therapy
drug efficacy
human
male
major clinical study
adult
article
Drug Descriptors:
***sildenafil: DT, drug therapy**
***sildenafil: PD, pharmacology**
*vasoactive agent: AD, drug administration
*vasoactive agent: DT, drug therapy
*vasoactive agent: PD, pharmacology
*vasoactive agent: CA, intracavernous drug administration
*sertraline: DT, drug therapy
*sertraline: PD, pharmacology
RN (**sildenafil**) **139755-83-2**; (sertraline) 79617-96-2

L94 ANSWER 11 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999421645 EMBASE
TI Puncture vine.
AU Chandler F.
SO Canadian Pharmaceutical Journal, (1999) 132/7 (35-41).
Refs: 33
ISSN: 0828-6914 CODEN: CPJOAC
CY Canada
DT Journal; General Review
FS 030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB The literature is sparse on the pharmacology and toxicology of T. terrestris. It has a long reputation of being used, primarily in India and China, as a diuretic, an aphrodisiac, to treat male impotence, and in a variety of calculus disorders. These indications have led to the name, Nature's **Viagra**. Yet, the evidence for such use is sparse and almost entirely based on observation of animals. The Bulgarian study is cited as reporting that T. terrestris stimulates LH and testosterone production in men and FSH and estrogen production in women. The testosterone levels approached the high end of normal physiological levels. This same study claims an increase in sperm production, survival rate and motility. Other benefits reported were increased immunity and self-confidence, lower cholesterol levels and generally better moods. These data are absent in the reference obtained by this author. Both traditional use and current knowledge mandate that T. terrestris be used with caution, if at all, in pregnant women. The information on this plant is far from complete or convincing. It is of significance in the treatment of impotence? Does it have a significant effect on the heart? Does it cause photosensitization in humans? Does it cause urinary tract stones of prevent them? Because these are just a few of the unresolved issues I have concluded this is an herb to avoid.
CT Medical Descriptors:
*herbal medicine
impotence
urolithiasis

premature ejaculation
lactation
asthma
leprosy
diuretic activity
neurologic disease
phytochemistry
nonhuman
review
Drug Descriptors:
*herbaceous agent
*flavonoid
*steroid

L94 ANSWER 12 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999364102 EMBASE
TI Introduction: Sexual dysfunction - What every practitioner should know.
AU Regan J.B.
CS Dr. J.B. Regan, Division of Urology, Georgetown University Medical Center, 3800 Reservoir Road NW, Washington, DC 20007, United States. reganja@gunet.georgetown.edu
SO Advances in Renal Replacement Therapy, (1999) 6/4 (295). ISSN: 1073-4449 CODEN: ARRTFU
CY United States
DT Journal; General Review
FS 010 Obstetrics and Gynecology
028 Urology and Nephrology
037 Drug Literature Index
LA English
CT Medical Descriptors:
*female sexual dysfunction: DI, diagnosis
*female sexual dysfunction: DT, drug therapy
*erectile dysfunction: DI, diagnosis
*erectile dysfunction: DT, drug therapy
***premature ejaculation: DI, diagnosis**
*retrograde ejaculation: DI, diagnosis
sex difference
risk factor
disease association
kidney failure
anemia
hypertension
diabetes mellitus
uremia
peritoneal dialysis
human
male
female
review
priority journal
Drug Descriptors:
***sildenafil: DT, drug therapy**
RN **(sildenafil) 139755-83-2**

L94 ANSWER 13 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999309701 EMBASE
TI Management of and counseling for psychotropic drug-induced sexual dysfunction.
AU Gutierrez M.A.; Stimmel G.L.
CS M.A. Gutierrez, USC School of Pharmacy, 1985 Zonal Avenue, Los Angeles, CA 90033, United States
SO Pharmacotherapy, (1999) 19/7 (823-831).
Refs: 57

ISSN: 0277-0008 CODEN: PHPYDQ
CY United States
DT Journal; Article
FS 003 Endocrinology
028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Clinicians are increasingly faced with the need to identify, treat, and counsel patients regarding psychotropic drug-induced sexual dysfunction. Antipsychotic and antidepressant drugs have both rational mechanisms to explain their effects on sexual function and established literature documenting these effects. The agents have potential for causing decreased libido, delayed ejaculation, and anorgasmia. Management and counseling can be highly effective for patients taking these agents.
CT Medical Descriptors:
*sexual dysfunction: SI, side effect
***premature ejaculation: DT, drug therapy**
***premature ejaculation: SI, side effect**
*anorgasmia: DT, drug therapy
*anorgasmia: SI, side effect
*priapism: DT, drug therapy
*priapism: SI, side effect
intracavernous drug administration
patient counseling
insomnia: SI, side effect
headache: SI, side effect
sexual arousal
libido
gastrointestinal symptom: SI, side effect
human
clinical trial
article
Drug Descriptors:
*neuroleptic agent: AE, adverse drug reaction
*antidepressant agent: AE, adverse drug reaction
*antidepressant agent: CT, clinical trial
*antidepressant agent: DO, drug dose
***sildenafil: DO, drug dose**
***sildenafil: DT, drug therapy**
*mirtazapine: DT, drug therapy
*cyproheptadine: DO, drug dose
*cyproheptadine: DT, drug therapy
*amantadine: DO, drug dose
*amantadine: DT, drug therapy
*dexamphetamine: DT, drug therapy
*ginkgo biloba extract: AE, adverse drug reaction
*ginkgo biloba extract: CT, clinical trial
*ginkgo biloba extract: DO, drug dose
*ginkgo biloba extract: DT, drug therapy
*citalopram
*neurotransmitter: EC, endogenous compound
benzodiazepine derivative: AE, adverse drug reaction
benzodiazepine derivative: CB, drug combination
benzodiazepine derivative: DO, drug dose
alprazolam: AE, adverse drug reaction
alprazolam: CB, drug combination
alprazolam: DO, drug dose
phenytoin: IT, drug interaction
carbamazepine: IT, drug interaction
yohimbine: DO, drug dose

yohimbine: DT, drug therapy
lithium: CB, drug combination
valproic acid
phenylephrine: AD, drug administration
phenylephrine: DO, drug dose
phenylephrine: DT, drug therapy
trazodone: AE, adverse drug reaction
trazodone: DO, drug dose
risperidone: AE, adverse drug reaction
serotonin uptake inhibitor: AE, adverse drug reaction
serotonin uptake inhibitor: CT, clinical trial
serotonin uptake inhibitor: DO, drug dose
serotonin uptake inhibitor: DT, drug therapy
amfebutamone: AE, adverse drug reaction
amfebutamone: CT, clinical trial
amfebutamone: DO, drug dose
amfebutamone: DT, drug therapy
phenelzine: AE, adverse drug reaction
prazosin: AE, adverse drug reaction
clomipramine: CT, clinical trial
clomipramine: DO, drug dose
clomipramine: DT, drug therapy
fluoxetine: CT, clinical trial
fluoxetine: DO, drug dose
fluoxetine: DT, drug therapy
paroxetine: CT, clinical trial
paroxetine: DO, drug dose
paroxetine: DT, drug therapy
sertraline: DO, drug dose
sertraline: DT, drug therapy
nefazodone: DO, drug dose
nefazodone: DT, drug therapy
unindexed drug

RN (**sildenafil**) **139755-83-2**; (mirtazapine) 61337-67-5; (cyproheptadine) 129-03-3, 969-33-5; (amantadine) 665-66-7, 768-94-5; (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (citalopram) 59729-33-8; (alprazolam) 28981-97-7; (phenytoin) 57-41-0, 630-93-3; (carbamazepine) 298-46-4, 8047-84-5; (yohimbine) 146-48-5, 65-19-0; (lithium) 7439-93-2; (valproic acid) 1069-66-5, 99-66-1; (phenylephrine) 532-38-7, 59-42-7, 61-76-7; (trazodone) 19794-93-5, 25332-39-2; (risperidone) 106266-06-2; (amfebutamone) 31677-93-7, 34911-55-2; (phenelzine) 156-51-4, 51-71-8; (prazosin) 19216-56-9, 19237-84-4; (clomipramine) 17321-77-6, 303-49-1; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (paroxetine) 61869-08-7; (sertraline) 79617-96-2; (nefazodone) 82752-99-6, 83366-66-9

L94 ANSWER 14 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999208688 EMBASE
TI Survey says patients expect little physician help on sex.
AU Marwick C.
SO Journal of the American Medical Association, (16 Jun 1999) 281/23 (2173-2174).
ISSN: 0098-7484 CODEN: JAMAAP
CY United States
DT Journal; (Short Survey)
FS 017 Public Health, Social Medicine and Epidemiology
032 Psychiatry
037 Drug Literature Index
LA English
CT Medical Descriptors:
*sexual dysfunction: DT, drug therapy
*sexual dysfunction: EP, epidemiology
*sexual dysfunction: TH, therapy
*doctor patient relation

United States
telephone
health survey
sexuality
erectile dysfunction: DT, drug therapy
psychotherapy
premature ejaculation: TH, therapy
dyspareunia: TH, therapy
libido
quality of life
human
short survey
priority journal
Drug Descriptors:
sildenafil: DT, drug therapy
dopamine: DT, drug therapy
oxytocin: DT, drug therapy
phentolamine: AD, drug administration
phentolamine: DT, drug therapy
RN (**sildenafil**) **139755-83-2**; (dopamine) 51-61-6, 62-31-7; (oxytocin) 50-56-6, 54577-94-5; (phentolamine) 50-60-2, 73-05-2
CN **Viagra**

L94 ANSWER 15 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999078865 EMBASE
TI Comparative tolerability and efficacy of treatments for impotence.
AU Meinhardt W.; Kropman R.F.; Vermeij P.
CS Dr. W. Meinhardt, Department of Urology, Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Plesmanlaan 121, 1066 CX Amsterdam, Netherlands. wmeinh@NKI.NL
SO Drug Safety, (1999) 20/2 (133-146).
Refs: 114
ISSN: 0114-5916 CODEN: DRSAEA
CY New Zealand
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Modern pharmacological treatment of impotence is determined by the presenting symptoms. Since this involves symptomatology with a heterogenous aetiology, many different drugs are involved in the treatment of impotence. Drugs used for libido and arousal problems include testosterone, yohimbine, trazodone and apomorphine. Since patient self-assessment is the only parameter that can be used to measure the result of treatment and positive results are seldom affirmed, no positive benefit of these agents can be assumed at present. Oral medications for erectile dysfunction include yohimbine, trazodone, apomorphine, phentolamine, arginine and **sildenafil**. Of these drugs, **sildenafil** has been the most systematically studied for effectiveness, but long term safety data await the results of post-marketing surveillance. Of the **ejaculation** disorder therapies, treatments for **premature ejaculation** are the best studied. Favourable results have been obtained with clomipramine, paroxetine and fluoxetine. The safety of these medications has been assessed through their long term use in psychiatry. Intracavernous self-injections fur erectile disorders are performed using a variety of drugs and drug mixtures. Only alprostadil and the combination of papaverine with phentolamine are widely used. Alprostadil is very well tolerated; however, penile pain is a serious problem in a significant proportion of patients. Papaverine in combination with phentolamine is effective, but penile fibrosis and priapism occur more often than with the

use of alprostadil. Several new developments in this area are currently under way. Alternative routes for medication for erectile dysfunction include ointments and patches to the penile skin and the glans. Only transurethral alprostadil, 'MUSE' (medicated urethral system for erection) has been shown to be effective in large trials. Long term safety still has to be demonstrated, but the 1-year safety profile is encouraging. In general, the end points of impotence treatment studies are very diverse so efficacy data can only be assessed in comparative studies. However, long term comparison studies have not been performed. Safety demands must be set very high for this type of treatment since the disorders being treated present no threat to the patient's health.

CT Medical Descriptors:
*impotence: DT, drug therapy
drug tolerability
drug efficacy
drug safety
premature ejaculation: DT, drug therapy
intracavernous drug administration
priapism: SI, side effect
fibrosis: SI, side effect
penis disease: SI, side effect
human
male
oral drug administration
review
priority journal
Drug Descriptors:
*testosterone: DT, drug therapy
*yohimbine: DT, drug therapy
*trazodone: DT, drug therapy
apomorphine: DT, drug therapy
phentolamine: AE, adverse drug reaction
phentolamine: CB, drug combination
phentolamine: DT, drug therapy
arginine: DT, drug therapy
sildenafil: DT, drug therapy
clomipramine: DT, drug therapy
paroxetine: DT, drug therapy
fluoxetine: DT, drug therapy
prostaglandin e1: DT, drug therapy
papaverine: AE, adverse drug reaction
papaverine: CB, drug combination
papaverine: DT, drug therapy

RN (testosterone) 58-22-0; (yohimbine) 146-48-5, 65-19-0; (trazodone) 19794-93-5, 25332-39-2; (apomorphine) 314-19-2, 58-00-4; (phentolamine) 50-60-2, 73-05-2; (arginine) 1119-34-2, 15595-35-4, 7004-12-8, 74-79-3; (**sildenafil**) **139755-83-2**; (clomipramine) 17321-77-6, 303-49-1; (paroxetine) 61869-08-7; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (prostaglandin e1) 745-65-3; (papaverine) 58-74-2, 61-25-6

L94 ANSWER 16 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999036332 EMBASE
TI Effects of SSRIs on sexual function: A critical review.
AU Rosen R.C.; Lane R.M.; Menza M.
CS Dr. R.C. Rosen, Department of Psychiatry, UMDNJ, Robert Wood Johnson Medical School, 675 Hoes Lane, Piscataway, NJ 08854, United States
SO Journal of Clinical Psychopharmacology, (1999) 19/1 (67-85).
Refs: 255
ISSN: 0271-0749 CODEN: JCPYDR
CY United States
DT Journal; General Review
FS 032 Psychiatry
037 Drug Literature Index

038 Adverse Reactions Titles
LA English
SL English
AB Sexual problems are highly prevalent in both men and women and are affected by, among other factors, mood state, interpersonal functioning, and psychotropic medications. The incidence of antidepressant-induced sexual dysfunction is difficult to estimate because of the potentially confounding effects of the illness itself, social and interpersonal comorbidities, medication effects, and design and assessment problems in most studies. Estimates of sexual dysfunction vary from a small percentage to more than 80%. This article reviews current evidence regarding sexual side effects of selective serotonin reuptake inhibitors (SSRIs). Among the sexual side effects most commonly associated with SSRIs are delayed **ejaculation** and absent or delayed orgasm. Sexual desire (libido) and arousal difficulties are also frequently reported, although the specific association of these disorders to SSRI use has not been consistently shown. The effects of SSRIs on sexual functioning seem strongly dose-related and may vary among the group aCCOrding to serotonin and dopamine reuptake mechanisms, induction of prolactin release, anticholinergic effects, inhibition of nitric oxide synthetase, and propensity for accumulation over time. A variety of strategies have been reported in the management of SSRI-induced sexual dysfunction, including waiting for tolerance to develop, dosage reduction, drug holidays, substitution of another antidepressant drug, and various augmentation strategies with 5-hydroxytryptamine-2 (5-HT2), 5-HT3, and .alpha.2 adrenergic receptor antagonists, 5-HT(1A) and dopamine receptor agonists, and phosphodiesterase (PDE5) enzyme inhibitors. Sexual side effects of SSRIs should not be viewed as entirely negative; some studies have shown improved control of **premature ejaculation** in men. The impacts of sexual side effects of SSRIs on treatment compliance and on patients' quality of life are important clinical considerations.
CT Medical Descriptors:
*depression: DT, drug therapy
*male sexual dysfunction: DT, drug therapy
*male sexual dysfunction: SI, side effect
*female sexual dysfunction: DT, drug therapy
*female sexual dysfunction: SI, side effect
sexual behavior
drug safety
quality of life
premature ejaculation: DT, drug therapy
human
review
priority journal
Drug Descriptors:
*serotonin uptake inhibitor: AE, adverse drug reaction
*serotonin uptake inhibitor: DT, drug therapy
*clomipramine: AE, adverse drug reaction
*clomipramine: DT, drug therapy
*sertraline: AE, adverse drug reaction
*sertraline: DT, drug therapy
*paroxetine: AE, adverse drug reaction
*paroxetine: DT, drug therapy
*fluvoxamine: AE, adverse drug reaction
*fluvoxamine: DT, drug therapy
*citalopram: AE, adverse drug reaction
*citalopram: DT, drug therapy
sildenafil: DT, drug therapy
serotonin antagonist: DT, drug therapy
alpha 2 adrenergic receptor blocking agent: DT, drug therapy
dopamine receptor stimulating agent: DT, drug therapy
amfebutamone: DT, drug therapy
buspirone: DT, drug therapy

ginkgo biloba extract: DT, drug therapy
RN (clomipramine) 17321-77-6, 303-49-1; (sertraline) 79617-96-2; (paroxetine) 61869-08-7; (fluvoxamine) 54739-18-3; (citalopram) 59729-33-8; (**sildenafil**) **139755-83-2**; (amfebutamone) 31677-93-7, 34911-55-2; (buspirone) 33386-08-2, 36505-84-7

L94 ANSWER 17 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1998392180 EMBASE
TI Drug-induced sexual dysfunction.
AU Fecik S.E.
CS S.E. Fecik, Psychopharmacy Res./Education Prog., Western Missouri Mental Health Ctr., University of Missouri-Kansas City, 600 E 22 Street, Kansas City, MO 64108, United States
SO Medical Update for Psychiatrists, (1998) 3/6 (176-181).
Refs: 23
ISSN: 1082-7579 CODEN: MUPSFY
PUI S 1082-7579(98)00024-7
CY United States
DT Journal; General Review
FS 032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Drug-induced sexual dysfunction is a common barrier to the treatment of mental illnesses. To further confound the matter, disease states such as depression, schizophrenia, diabetes, and hypertension all can decrease sexual desire and increase difficulty with erectile function and problems with orgasm. An assessment of baseline sexual functioning is often overlooked, making it difficult to determine whether the illness or the medication is responsible for the problems. Patients should be informed about the possibility of this side effect and encouraged to report any changes in functioning to their physician. Three mains stages of sexual function are affected by medications, including: desire-libido; arousal-priapism and impotence (erectile dysfunction); and orgasm-anorgasmia, delayed ejaculation, and painful orgasm. Treatment strategies include decreasing the dose of the current pharmacologic therapy, switching to another class of medication, or adding another agent. Treatment of sexual dysfunction will help to improve medication compliance, thereby reducing the risk of a relapse.
CT Medical Descriptors:
*sexual dysfunction: DT, drug therapy
*sexual dysfunction: SI, side effect
adverse drug reaction: SI, side effect
impotence: DT, drug therapy
impotence: SI, side effect
priapism: DT, drug therapy
priapism: SI, side effect
premature ejaculation: DT, drug therapy
premature ejaculation: SI, side effect
anorgasmia: DT, drug therapy
anorgasmia: SI, side effect
human
clinical trial
oral drug administration
review
Drug Descriptors:
*antihypertensive agent: AE, adverse drug reaction
*neuroleptic agent: AE, adverse drug reaction
*antidepressant agent: AE, adverse drug reaction
*anticonvulsive agent: AE, adverse drug reaction
imipramine: AE, adverse drug reaction
doxepin: AE, adverse drug reaction

trazodone: AE, adverse drug reaction
isocarboxazid: AE, adverse drug reaction
desipramine: AE, adverse drug reaction
protriptyline: AE, adverse drug reaction
maprotiline: AE, adverse drug reaction
amoxapine: AE, adverse drug reaction
phenelzine: AE, adverse drug reaction
nortriptyline: AE, adverse drug reaction
clomipramine: AE, adverse drug reaction
bromocriptine: AE, adverse drug reaction
bromocriptine: DT, drug therapy
neostigmine: DT, drug therapy
yohimbine: DT, drug therapy
levodopa: AE, adverse drug reaction
levodopa: DT, drug therapy
bethanechol: AE, adverse drug reaction
bethanechol: DT, drug therapy
papaverine: AE, adverse drug reaction
papaverine: DT, drug therapy
phentolamine: AE, adverse drug reaction
phentolamine: DT, drug therapy
prostaglandin e1: AE, adverse drug reaction
prostaglandin e1: DT, drug therapy
ginkgo biloba extract: AE, adverse drug reaction
ginkgo biloba extract: DT, drug therapy
sildenafil: AE, adverse drug reaction
sildenafil: DT, drug therapy
apomorphine: DT, drug therapy
metaraminol: DT, drug therapy
cyproheptadine: AE, adverse drug reaction
cyproheptadine: DT, drug therapy
amantadine: DT, drug therapy
unindexed drug

RN (imipramine) 113-52-0, 50-49-7; (doxepin) 1229-29-4, 1668-19-5; (trazodone) 19794-93-5, 25332-39-2; (isocarboxazid) 59-63-2; (desipramine) 50-47-5, 58-28-6; (protriptyline) 1225-55-4, 438-60-8; (maprotiline) 10262-69-8, 10347-81-6; (amoxapine) 14028-44-5; (phenelzine) 156-51-4, 51-71-8; (nortriptyline) 72-69-5, 894-71-3; (clomipramine) 17321-77-6, 303-49-1; (bromocriptine) 25614-03-3; (neostigmine) 114-80-7, 588-17-0, 59-99-4, 8048-84-8; (yohimbine) 146-48-5, 65-19-0; (levodopa) 59-92-7; (bethanechol) 590-63-6, 674-38-4, 91609-06-2; (papaverine) 58-74-2, 61-25-6; (phentolamine) 50-60-2, 73-05-2; (prostaglandin e1) 745-65-3; (**sildenafil**) **139755-83-2**; (apomorphine) 314-19-2, 58-00-4; (metaraminol) 33402-03-8, 54-49-9; (cyproheptadine) 129-03-3, 969-33-5; (amantadine) 665-66-7, 768-94-5

CO Pfizer; Zonagen

L94 ANSWER 18 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1998297567 EMBASE
TI New insights into erectile dysfunction: A practical approach.
AU Korenman S.G.
CS Dr. S.G. Korenman, Div. of Endocrinology and Metabolism, UCLA School of Medicine, Los Angeles, CA 90095-7041, United States
SO American Journal of Medicine, (1998) 105/2 (135-144).
Refs: 84
ISSN: 0002-9343 CODEN: AJMEAZ
PUI S 0002-9343(98)00191-0
CY United States
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

SL English

AB Erectile dysfunction (ED) is the most common sexual problem in men, after **premature ejaculation**, affecting up to 30 million in the United States. In a society in which sexuality is widely promoted, ED impacts on feelings of self-worth and self-confidence and may impair the quality of life of affected men and their partners. Damage to personal relationships can ensue; and the anger, depression, and anxiety engendered spill over into all aspects of life. Patients are often embarrassed or reluctant to discuss the matter with their primary care practitioners. Unfortunately, many physicians fail to take the opportunity to promote open discussion of sexual dysfunction. They too, may avoid the topic through personal embarrassment. Since the National Institutes of Health (NIH) Consensus Conference on Impotence in 1992, the inadequate level of public and professional understanding of ED has begun to be addressed. As a first step in breaking down the communication barriers between patients and practitioners, it is important that physicians have a thorough understanding of the wide variety of conditions associated with ED and how the different risk factors for ED may be readily identified. This review addresses the diagnosis of ED and identifies diagnostic tests that can be used by primary care physicians to determine the patients most at risk and the treatments most suited to meet the patients' and their partners' goal for therapy.

CT Medical Descriptors:
*impotence: DI, diagnosis
*impotence: DT, drug therapy
*impotence: ET, etiology
*impotence: SI, side effect
*impotence: TH, therapy
*corpus cavernosum
*intracavernosal drug administration
intraurethral drug administration
male sexual dysfunction: DI, diagnosis
male sexual dysfunction: DT, drug therapy
male sexual dysfunction: ET, etiology
male sexual dysfunction: SI, side effect
male sexual dysfunction: TH, therapy
penis erection
drug effect
treatment outcome
quality of life
risk factor
diabetes mellitus
atherosclerosis
drug induced disease: SI, side effect
headache: SI, side effect
hypotension: SI, side effect
priapism: SI, side effect
penis prosthesis
human
male
clinical trial
controlled study
oral drug administration
topical drug administration
transdermal drug administration
review
priority journal
Drug Descriptors:
***sildenafil: AE, adverse drug reaction**
***sildenafil: AD, drug administration**
***sildenafil: IT, drug interaction**
***sildenafil: DT, drug therapy**
*nitrate: IT, drug interaction

*prostaglandin e1: AE, adverse drug reaction
*prostaglandin e1: AD, drug administration
*prostaglandin e1: DT, drug therapy
*yohimbine: AE, adverse drug reaction
*yohimbine: AD, drug administration
*yohimbine: DT, drug therapy
*trazodone: AE, adverse drug reaction
*trazodone: AD, drug administration
*trazodone: DT, drug therapy
*testosterone cipionate: CT, clinical trial
*testosterone cipionate: AD, drug administration
*testosterone cipionate: CM, drug comparison
*testosterone cipionate: DT, drug therapy
vasodilator agent: AE, adverse drug reaction
vasodilator agent: AD, drug administration
vasodilator agent: DT, drug therapy
serotonin uptake inhibitor: AE, adverse drug reaction
serotonin uptake inhibitor: AD, drug administration
serotonin uptake inhibitor: DT, drug therapy
testosterone enantate: AD, drug administration
testosterone enantate: DT, drug therapy
testosterone: CT, clinical trial
testosterone: AD, drug administration
testosterone: CM, drug comparison
testosterone: DT, drug therapy
antidepressant agent: AE, adverse drug reaction
neuroleptic agent: AE, adverse drug reaction
diuretic agent: AE, adverse drug reaction
antihypertensive agent: AE, adverse drug reaction
estrogen: AE, adverse drug reaction
gonadorelin agonist: AE, adverse drug reaction
gonadorelin antagonist: AE, adverse drug reaction
digitalis: AE, adverse drug reaction
cimetidine: AE, adverse drug reaction
spironolactone: AE, adverse drug reaction
ketoconazole: AE, adverse drug reaction
gestagen: AE, adverse drug reaction
reserpine: AE, adverse drug reaction
phenothiazine: AE, adverse drug reaction
methyldopa: AE, adverse drug reaction
testoderm tts

RN (**sildenafil**) **139755-83-2**; (nitrate) 14797-55-8; (prostaglandin e1) 745-65-3; (yohimbine) 146-48-5, 65-19-0; (trazodone) 19794-93-5, 25332-39-2; (testosterone cipionate) 58-20-8; (testosterone enantate) 315-37-7; (testosterone) 58-22-0; (digitalis) 8031-42-3, 8053-83-6; (cimetidine) 51481-61-9, 70059-30-2; (spironolactone) 52-01-7; (ketoconazole) 65277-42-1; (reserpine) 50-55-5, 8001-95-4; (phenothiazine) 92-84-2; (methyldopa) 555-29-3, 555-30-6

CN Muse; Androderm; Testoderm; Testoderm tts

L94 ANSWER 19 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.

AN 1998166190 EMBASE

TI [From A as apomorphine to Y as yohimbine. Oral pharmacotherapy of erectile dysfunction].
VON A WIE APOMORPHIN BIS Y WIE YOHIMBIN. ORALE PHARMAKOTHERAPIE DER EREKTILEN DYSFUNKTIONA.

AU Porst H.
CS Prof. H. Porst, Neuer Jungfernstieg 6a, 20354 Hamburg, Germany

SO Therapie und Erfolg Urologie Nephrologie, (1998) 10/4 (136-141).
ISSN: 0936-2002 CODEN: TEUNF
CY Germany
DT Journal; (Short Survey)
FS 028 Urology and Nephrology

030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA German
SL German
CT Medical Descriptors:
*penis erection
*sexual dysfunction: DT, drug therapy
*sexual dysfunction: ET, etiology
neurotransmission
hypertension: SI, side effect
heart palpitation: SI, side effect
tremor: SI, side effect
nervousness
rabbit
premature ejaculation: DT, drug therapy
vertigo: SI, side effect
nausea: SI, side effect
attention deficit disorder: SI, side effect
somnolence: SI, side effect
hormonal therapy
human
male
oral drug administration
transdermal drug administration
short survey
Drug Descriptors:
*yohimbine: AE, adverse drug reaction
*yohimbine: DO, drug dose
*yohimbine: DT, drug therapy
*yohimbine: PD, pharmacology
*alpha adrenergic receptor: EC, endogenous compound
cyclic amp: EC, endogenous compound
cyclic gmp: EC, endogenous compound
trazodone: AE, adverse drug reaction
trazodone: DO, drug dose
trazodone: DT, drug therapy
trazodone: PD, pharmacology
sildenafil: AE, adverse drug reaction
sildenafil: DO, drug dose
sildenafil: DT, drug therapy
sildenafil: PD, pharmacology
serotonin uptake inhibitor: DO, drug dose
serotonin uptake inhibitor: DT, drug therapy
serotonin uptake inhibitor: PD, pharmacology
phentolamine: AE, adverse drug reaction
phentolamine: DO, drug dose
phentolamine: DT, drug therapy
phentolamine: PD, pharmacology
sertraline: DO, drug dose
sertraline: DT, drug therapy
sertraline: PD, pharmacology
fluoxetine: DO, drug dose
fluoxetine: DT, drug therapy
fluoxetine: PD, pharmacology
paroxetine: DO, drug dose
paroxetine: DT, drug therapy
paroxetine: PD, pharmacology
phentolamine mesylate: AE, adverse drug reaction
phentolamine mesylate: DO, drug dose
phentolamine mesylate: DT, drug therapy
phentolamine mesylate: PD, pharmacology
apomorphine: AE, adverse drug reaction

apomorphine: DO, drug dose
apomorphine: DT, drug therapy
apomorphine: PD, pharmacology
oxytocin: AE, adverse drug reaction
oxytocin: DO, drug dose
oxytocin: DT, drug therapy
oxytocin: PD, pharmacology
testosterone: AD, drug administration
testosterone: DO, drug dose
testosterone: DT, drug therapy
testosterone: PD, pharmacology
testosterone undecanoate: AD, drug administration
testosterone undecanoate: DO, drug dose
testosterone undecanoate: DT, drug therapy
testosterone undecanoate: PD, pharmacology
mesterolone: AD, drug administration
mesterolone: DO, drug dose
mesterolone: DT, drug therapy
mesterolone: PD, pharmacology
methyltestosterone: AD, drug administration
methyltestosterone: DO, drug dose
methyltestosterone: DT, drug therapy
methyltestosterone: PD, pharmacology
RN (yohimbine) 146-48-5, 65-19-0; (cyclic amp) 60-92-4; (cyclic gmp) 7665-99-8; (trazodone) 19794-93-5, 25332-39-2; (**sildenafil**) **139755-83-2**; (phentolamine) 50-60-2, 73-05-2; (sertraline) 79617-96-2; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (paroxetine) 61869-08-7; (phentolamine mesylate) 65-28-1; (apomorphine) 314-19-2, 58-00-4; (oxytocin) 50-56-6, 54577-94-5; (testosterone) 58-22-0; (testosterone undecanoate) 5949-44-0; (mesterolone) 1424-00-6; (methyltestosterone) 58-18-4
CN Thombran; **Viagra**; Zoloft; Gladem; Prozac; Fluctin; Tagonis; Seroxat; Vasomax; Andriol; Proviron; Testoviron; Testoderm; Androderm

L94 ANSWER 20 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1998138452 EMBASE
TI Editorial: Pharmacological era in the treatment of sexual disorders.
AU Segraves R.T.
CS R.T. Segraves, Department of Psychiatry, Case Western Reserve University, Cleveland, OH, United States
SO Journal of Sex and Marital Therapy, (1998) 24/2 (67-68).
ISSN: 0092-623X CODEN: JSMTB5
CY United States
DT Journal; Editorial
FS 028 Urology and Nephrology
037 Drug Literature Index
LA English
CT Medical Descriptors:
*impotence: DT, drug therapy
***premature ejaculation: DT, drug therapy**
male sexual dysfunction: DT, drug therapy
drug research
human
editorial
Drug Descriptors:
*phentolamine: DT, drug therapy
*apomorphine: DT, drug therapy
*antidepressant agent: DT, drug therapy
***sildenafil: DT, drug therapy**
vasoactive intestinal polypeptide: DT, drug therapy
prostaglandin e1: DT, drug therapy
fluoxetine: DT, drug therapy
sertraline: DT, drug therapy

clomipramine: DT, drug therapy
paroxetine: DT, drug therapy
phosphodiesterase inhibitor: DT, drug therapy
vasomex
RN (phentolamine) 50-60-2, 73-05-2; (apomorphine) 314-19-2, 58-00-4; (**sildenafil**) **139755-83-2**; (vasoactive intestinal polypeptide) 37221-79-7; (prostaglandin e1) 745-65-3; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (sertraline) 79617-96-2; (clomipramine) 17321-77-6, 303-49-1; (paroxetine) 61869-08-7
CN Vasomex

L94 ANSWER 21 OF 21 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 97097340 EMBASE
DN 1997097340
TI [Erectile dysfunction].
IMPUISSANCE MASCULINE.
AU Ruedi B.; Magrini G.
CS Prof. B. Ruedi, Departement de Medecine Interne, Hopital des Cadalles, 2000 Neuchatel, Switzerland
SO Medecine et Hygiene, (1997) 55/2150 (276-281).
Refs: 15
ISSN: 0025-6749 CODEN: MEHGAB
CY Switzerland
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
LA French
SL French; English
AB The prevalence of impotence due to erection failure is approximately 10% in the male population rising to 25% over 65 years of age. In most cases its etiology is multifactorial, both organic and psychogenic. Sexotherapy may include, in a global approach of the patient and his partner, personalized sexual counseling, medications such as peripheral vaso-active drugs, androgens under strict conditions, low doses of imipramine in cases of **premature ejaculation**, intracavernous infections of prostaglandins, etc. Vacuum devices may also help some patients. Revasularisation surgery is very seldom indicated and inflatable prosthesis can restore a sexual life in patients who do not respond to any non-invasive sexotherapy. The intraurethral application of prostaglandin and the oral prescription of **sildenafil**, a phosphodiesterase inhibitor, are also an efficient treatment, although not yet available in Switzerland.
CT Medical Descriptors:
*impotence: TH, therapy
*impotence: DT, drug therapy
*impotence: SU, surgery
*penis erection
human
intracavernous drug administration
male
oral drug administration
pathophysiology
revascularization
review
sex therapy
Drug Descriptors:
*prostaglandin e1: DT, drug therapy
***sildenafil: DT, drug therapy**
imipramine: DT, drug therapy
moxisylyte: DT, drug therapy
naftidrofuryl: DT, drug therapy
papaverine: DT, drug therapy
pentoxifylline: DT, drug therapy

phentolamine: DT, drug therapy
phenylephrine: DT, drug therapy
yohimbine: DT, drug therapy
RN (prostaglandin e1) 745-65-3; (**sildenafil**) **139755-83-2**;
(imipramine) 113-52-0, 50-49-7; (moxisylyte) 54-32-0, 964-52-3;
(naftidrofuryl) 31329-57-4; (papaverine) 58-74-2, 61-25-6;
(pentoxifylline) 6493-05-6; (phentolamine) 50-60-2, 73-05-2;
(phenylephrine) 532-38-7, 59-42-7, 61-76-7; (yohimbine) 146-48-5, 65-19-0

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GUIDES, PLEASE VISIT:
http://www.derwent.com/userguides/dwpi_guide.html <<<

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L98 ANSWER 1 OF 3 WPIX (C) 2002 THOMSON DERWENT
AN 2002-454836 [48] WPIX
DNC C2002-129395
TI Use of cyclic guanosine 3',5'-monophosphate phosphodiesterase type five
inhibitors for the treatment of **premature ejaculation.**
DC B02
IN BOOLELL, M
PA (BOOL-I) BOOLELL M; (PFIZ) PFIZER INC; (PFIZ) PFIZER LTD
CYC 99
PI WO 2002040027 A1 20020523 (200248)* EN 31p A61K031-505
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ
NL OA PT SD SE SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK
DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR
KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT
RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
US 2002091129 A1 20020711 (200248) A61K031-53
AU 2002015149 A 20020527 (200261) A61K031-505
ADT WO 2002040027 A1 WO 2001-IB2180 20011119; US 2002091129 A1 Provisional US
2001-260564P 20010109, US 2001-990955 20011116; AU 2002015149 A AU
2002-15149 20011119
FDT AU 2002015149 A Based on WO 200240027
PRAI GB 2000-28245 20001120
IC ICM A61K031-505; A61K031-53
ICS A61K031-496; A61K031-4985
AB WO 200240027 A UPAB: 20020730

NOVELTY - Use of cyclic guanosine 3',5'-monophosphate phosphodiesterase type five (PDE5) inhibitors (I) for treatment of **premature ejaculation** in patients with normal erectile function, is new.

ACTIVITY - Tocolytic. The study comprised a phase II, placebo-controlled study to assess the efficacy of oral Vigra (5-(2-ethoxy-5-(4-methyl-1-piperazinylsulfonyl)phenyl)-1-methyl-3-n-propyl-1,6-dihydro-7H-pyrazolo(4,3-d)pyrimidin-7-one (**sildenafil**)) (a) one hour prior to sexual intercourse in patients with **premature ejaculation** with normal erectile function. The efficacy variables (end points) of the intra-vaginal **ejaculatory** latency time (IELT), index of **premature ejaculation** (IPE), sexual quality of life (Male) questionnaire, global efficacy question (GEQ) and time to **ejaculation** using penile vibratory stimulation were used to evaluate the study. The number of patients for the treatment with (a)/placebo were 72/56. By GEQ, it was observed that by treatment of (a)/placebo, the number of patients that experienced an improvement were 27/11 and % that experienced an improvement was 37.50/19.64.

MECHANISM OF ACTION - Cyclic guanosine 3',5'-monophosphate phosphodiesterase type five (PDE5) inhibitor.

USE - Treatment of **premature ejaculation** in the patients with normal erectile function (claimed).

ADVANTAGE - The inhibitor has an IC50 against the PDE5 enzyme of less than 100 nanomolar and has a selectivity of greater than 100 fold over PDE3 and over both PEDE3 and PDE4. By the use of the compound, the patient with normal erectile function attains a score of more than 22 on the Erectile Function Domain questionnaire.

Dwg.0/0

FS CPI
FA AB; DCN
MC CPI: B06-A03; B06-D09; B06-D18; B14-D07A; B14-F02D; B14-N07; B14-P02
ABEX

WIDER DISCLOSURE - Also disclosed is a kit for treating **premature ejaculation** in patients with normal erectile function, comprising a first pharmaceutical composition comprising the PDE5 inhibitor; a second composition comprising an additional active agent and a container for the first and second compositions.

SPECIFIC COMPOUNDS - Use of 5 compounds (I) are specifically claimed e.g. 5-(2-ethoxy-5-(4-methyl-1-piperazinylsulfonyl)phenyl)-1-methyl-3-n-propyl-1,6-dihydro-7H-pyrazolo(4,3-d)pyrimidin-7-one (**sildenafil**).

ADMINISTRATION - The inhibitor is administered orally in a dosage of 5 - 500 (preferably 10 - 100) mg (claimed) or parenterally (including intracavernously, intravenously, intra-arterially, intraperitoneally, intrathecally, intraventricularly, intraurethrally, intrasternally, intracranially, intramuscularly, or subcutaneously) or by infusion or needleless injection in a dosage of 5 - 500 mg/kg.

EXAMPLE - No relevant example given.

L98 ANSWER 2 OF 3 WPIX (C) 2002 THOMSON DERWENT
AN 2002-425177 [45] WPIX
CR 1999-468618 [39]; 2000-672059 [65]; 2001-090167 [10]; 2001-451600 [48]
DNC C2002-120360
TI Method for treating **premature ejaculation** comprises administration of phosphodiesterase inhibitor or a derivative.
DC B05
IN ABDEL-HAMID ABDOU ALI, I A; DOHERTY, P C; PLACE, V A; SMITH, W L; WILSON, L F
PA (ALII-I) ABDEL-HAMID ABDOU ALI I A; (DOHE-I) DOHERTY P C; (PLAC-I) PLACE V A; (SMIT-I) SMITH W L; (WILS-I) WILSON L F; (VIVU-N) VIVUS INC
CYC 1
PI US 2002037828 A1 20020328 (200245)* 21p A61K031-00

US 6403597 B1 20020611 (200246) A61K031-50
ADT US 2002037828 A1 CIP of US 1997-958816 19971028, CIP of US 1998-181070 19981027, CIP of US 1999-467094 19991210, US 2001-888250 20010621; US 6403597 B1 CIP of US 1997-958816 19971028, CIP of US 1998-181070 19981027, CIP of US 1999-467094 19991210, US 2001-888250 20010621
FDT US 2002037828 A1 CIP of US 6037346; US 6403597 B1 CIP of US 6037346
PRAI US 2001-888250 20010621; US 1997-958816 19971028; US 1998-181070 19981027; US 1999-467094 19991210
IC ICM A61K031-00; A61K031-50
AB US2002037828 A UPAB: 20020722
NOVELTY - A method for treating **premature ejaculation** comprises administration of a phosphodiesterase inhibitor (PDEI) agent (I) or its salt, ester, amide, prodrug or active metabolite.
DETAILED DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:
(1) a formulation for use in the method; and
(2) a kit comprising a container with (I) and instructions for carrying out administration.
ACTIVITY - Antiejaculant.
MECHANISM OF ACTION - Phosphodiesterase inhibitor.
USE - The method is useful for treating **premature ejaculation**.
ADVANTAGE - The method allows administration on an as-needed basis.
Dwg.0/1
FS CPI
FA AB; DCN
MC CPI: B02-P02; B04-A06; B04-B03A; B06-H; B07-H; B10-A12C; B10-C04A; B10-D03; B14-D01; B14-D07A; B14-P02
TECH UPTX: 20020717
TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Agent: (I) is theophylline, theobromine, IBMX, pentoxifylline, papaverine, type III PDEI (bipyridines (amrinone, milrinone, olprinone), imidazolones, imidazolines, dihydropyridazinones, dihydroquinolones, mixed PDEI III/PDEI IV, anagrelide, bemoradan, ibudilast, isomazole, lixazinone, motapizone, phthalazinol, pimobendan, quazinone, siguazodan or trequinsin), type IV PDEI (quinazolinediones, xanthine derivatives, phenyl ethyl pyridines, tetrahydropyrimidones, diazepine derivatives, oxime carbamates, naphthyridinones, benzofurans, naphthalene derivatives, purine derivatives, imidazolidinones, cyclohexane carboxylic acids, benzamides, pyridopyridazinones, benzothiophenes, etazolate, S-(+)-glaucine, substituted (bi)phenyl compounds, preferably pyrrolidinones, or more preferably rolipram), or type PDEI V ((S)-2-(2-hydroxymethyl-1-pyrrolidinyl)-4-(3-chloro-4-methoxybenzylamino)-5-(N-(2-pyrimidinylmethyl)carbamoyl)pyrimidine, 2-(5,6,7,8-tetrahydro-1,7-naphthyridin-7-yl)-4-(3-chloro-4-methoxybenzylamino)-5-(N-(2-morpholinoethyl)carbamoyl)pyrimidine, (S)-2-(2-hydroxymethyl-1-pyrrolidinyl)-4-(3-chloro-4-methoxybenzylamino)-5-(N-(1,3,5-trimethyl-4-pyrazolyl)carbamoyl)pyrimidine, zaprinast, 1-(3-chloroanilino)-4-phenylphthalazine, dipyridamole, vinpocetine, FR229934, 1-methyl-3-isobutyl-8-methylamino(xanthine), **IC-351**, methyl 2-(4-aminophenyl)-1,2,-dihydro-1-oxo-7-(2-pyridinylmethoxy)-4-(3,4,5-trimethoxyphenyl)-3-isoquinoline carboxylate dihydrochloride, 4-bromo-5-(pyridylmethylamino)-6-(3-(4-chlorophenyl)propoxy)-3(2H)pyridazinone, 1-(4-((1,3-benzodioxol-5-ylmethyl)amino)-6-chloro-2-quinzolinyl)-4-piperidine-carboxylic acid, (+)-cis-5,6a,7,9,9,9a-hexahydro-2-(4-(trifluoromethyl)phenylmethyl-5-methyl-cyclopent-4,5)imidazo(2,1-)purin-4(3H)one, furazlocillin, cis-2-hexyl-5-methyl-3,4,5,6a,7,8,9,9a-octahydrocyclopent(4,5,)imidazo(2,1-b)purin-4-one, 3-acetyl-1-(2-chlorobenzyl)-2-propylindole-6-carboxylate, 4-bromo-5-(3-pyridylmethylamino)-6-(3-(4-chlorophenyl)propoxy)-3-(2H)pyridazinone, 1-methyl-5-(5-morpholinoacetyl-2-n-propoxyphenyl)-3-n-propyl-1,6-dihydro-7H-pyrazolo(4,3-d)pyrimidin-7-one), 1-(4-((1,3-benzodioxol-5-ylmethyl)amino)-6-chloro-2-quinazolinyl)-4-piperidine carboxylic acid,

vardenafil, **GF-196960**, Sch-51866, sodium 1-(6-chloro-4-(3,4-methylenedioxybenzyl)-aminoquinazolin-2-yl)piperidine carboxylate sesquihydrate, 1,3-dimethyl-6(2-propoxy-5-methanesulfonamidophenyl)-1,5-dihydropyrazolo(3,4-d)pyrimidin-4-one, 1-ethyl-3-methyl-6-(2-propoxy-5-(4-methylthiazol-2-yl)phenyl)-1,5-dihydropyrazolo(3,4-d)pyrimidin-4-one, preferably griseolic acid derivatives, 2-phenylpurines, phenylpyridones, fused and condensed pyrimidines, pyrimidopyrimidines, purine compounds, quinazoline compounds, phenylpyrimidinones, imidazoquinoxalinones or **sildenafil** (**citrate**)).

Preferred Composition: The formulation also contains antidepressants (amesergide, amineptine, amitriptyline, amoxapine, benactyzine, brofaromine, bupropion, butriptyline, cianoprarmine, citalopram, clomipramine, clorgyline, clovoxamine, dapoxetine, demexiptiline, desipramine, dibenzepin, dimetacrine, dothiepin, doxepin, duloxetine, etoperidone, femoxetine, fezolamine, fluoxetine, fluvoxamine, ifoxetime, imipramine, iprindole, isocarboxazid, levoprotiline, lofepramine, maprotiline, medifoxamine, melitracen, metapramine, methylphenidate, mianserin, milnacipran, minaprine, mirtazapine, moclobemide, nefazodone, nialamide, nomifensine, nortriptyline, opipramol, oxaflozane, oxaprotiline, oxitriptan, paroxetine, phenelzine, pirlindole, propizepine, protriptyline, quinupramine, rolipram, selegiline, sertraline, setiptiline, sibutranine, teniloxazine, tianeptine, tofenacin, toloxatone, tranylcypromine, trazodone, trimipramine, tryptophan, venlafaxine, viloxazine, viqualine and/or zimeldine) serotonin agonists/antagonists (e.g. 5-HT4 agonist, preferably (nor)cisapride, or 5-HT3 antagonist, preferably ondansetron, ergot alkaloids, granisetron, trimethobenzamide, tropisetron, dolasetron, batanopride or zacopride), adrenergic agonists/antagonists or adrenergic neurone blockers.

ABEX

ADMINISTRATION - Unit doses of 1 - 250 mg are administered orally (e.g. tablets, capsules, caplets, solutions, suspensions, syrups, granules, beads, powders and pellets), transmucosally, sublingually, buccally, intranasally, transurethrally, rectally, by inhalation, topically or parenterally, 0.5 - 24, preferably 1 - 12, more preferably 1 - 4 prior to sexual activity.

EXAMPLE - Heterosexual men were treated with **sildenafil** **citrate** (50 mg) and the intravaginal ejaculation latency time increased from 1 minute to 15 minutes.

L98 ANSWER 3 OF 3 WPIX (C) 2002 THOMSON DERWENT
AN 2000-118890 [11] WPIX
DNC C2000-036670
TI Treatment of **premature ejaculation** caused by a physical disorder or induced by cyclic guanosine monophosphate phosphodiesterase inhibitors, comprises administration of bupropion.
DC B02 B05
IN GRASSLER, F P
PA (GLAX) GLAXO GROUP LTD
CYC 1
PI GB 2340037 A 20000216 (200011)* 11p A61K031-135
ADT GB 2340037 A GB 1999-17346 19990726
PRAI US 1998-94701P 19980730
IC ICM A61K031-135
ICS A61P015-00; A61P015-10
AB GB 2340037 A UPAB: 20000301
NOVELTY - Treatment of **premature ejaculation** caused by a physical disorder or induced by cyclic guanosine monophosphate (cGMP) phosphodiesterase (PDE) inhibitors, comprises administration of (plus or minus)-1-(3-chlorophenyl)-2-((1,1-dimethylethyl)amino)-1-propanone (bupropion).

ACTIVITY - Endocrine.

No biological data is given.
MECHANISM OF ACTION - Dopamine reuptake inhibitor; serotonin reuptake inhibitor; noradrenaline inhibitor.
USE - The method is used for the treatment of **premature ejaculation** caused by a physical disorder or induced by cGMP PDE inhibitors cGMP PDE V inhibitors, especially **sildenafil** (all claimed).
Dwg.0/0
FS CPI
FA AB; DCN
MC CPI: B10-B02F; B14-J02D3; B14-J04; B14-N07; B14-P02
ABEX
ADMINISTRATION - Dosage is 0.1-500 (preferably 150-300) mg/day. Administration is oral, sublingual, buccal, parenteral, rectal or intranasal

EXAMPLE - No formulation example is given.

=> d his

(FILE 'HOME' ENTERED AT 16:02:08 ON 17 DEC 2002)
SET COST OFF

FILE 'HCAPLUS' ENTERED AT 16:02:26 ON 17 DEC 2002
E GB2000-28245/AP,PRN
L1 1 S E4
SEL RN

FILE 'REGISTRY' ENTERED AT 16:02:52 ON 17 DEC 2002
L2 7 S E1-E7
L3 1 S L2 AND PHOSPHODIESTERASE
L4 6 S L2 NOT L3
L5 5 S L4 NOT VIAGRA
SEL RN
L6 31 S E8-E12/CRN
L7 1 S L4 NOT L5
L8 31 S L6,L7

FILE 'HCAPLUS' ENTERED AT 16:08:51 ON 17 DEC 2002
L9 1985 S L3
L10 459 S PDE5 OR PDE()(5 OR TYPE 5 OR V OR TYPE V)
L11 534 S PHOSPHODIESTERASE()(5 OR TYPE 5 OR V OR TYPE V)
L12 59 S TYPE()(5 OR V)()PHOSPHODIESTERASE
L13 6 S TYPE()(5 OR V)()CGMP SPECIFIC PHOSPHODIESTERASE
L14 45 S PHOTORECEPTOR PHOSPHODIESTERASE
L15 3 S GUANYLATE PHOSPHODIESTERASE
L16 556 S CYCLIC GMP PHOSPHODIESTERASE
L17 8 S CYCLIC GMP DEPENDENT PHOSPHODIESTERASE
L18 41 S CYCLIC GUANOSINE 3 5 ()(PHOSPHATE OR MONOPHOSPHATE)()PHOSPHOD
L19 13 S GUANOSINE CYCLIC 3 5 PHOSPHATE PHOSPHODIESTERASE
L20 6 S CYCLIC 3 5 GMP PHOSPHODIESTERASE
L21 200 S CGMP SPECIFIC PHOSPHODIESTERASE
L22 3 S CGMP SPECIFIC CYCLIC NUCLEOTIDE PHOSPHODIESTERASE
L23 29 S CGMP DEPENDENT PHOSPHODIESTERASE
L24 1676 S CGMP PHOSPHODIESTERASE
L25 35 S CGMP BINDING CGMP SPECIFIC PHOSPHODIESTERASE
L26 11 S 3 5 CGMP PHOSPHODIESTERASE
L27 7 S 3 5 CYCLIC GMP PHOSPHODIESTERASE
L28 11 S (EC OR "E" C)()3 1 4 35
L29 290 S PHOSPHODIESTERASE (L) (TYPE 5 OR TYPE V)
L30 45 S PHOSPHODIESTERASE (L) GUANOSIN# (L) CYCLIC (L) PHOSPHATE (L)
L31 229 S PDE6 OR PDE9 OR PHOSPHODIESTERASE()(6 OR 9 OR VI OR IX OR TYP

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L32         3025 S L9-L31
L33            6 S L32 AND PREMATURE (L) EJACULAT?
                 E PREMATURE EJACULATION/CT
                 E E3+ALL
L34           86 S E2
                 E SEXUAL BEHAVIOR/CT
L35          393 S E17,E18
L36            5 S L34 AND L32
L37            6 S L33,L36
L38           37 S L32 AND L35
L39           37 S L38 NOT L37
L40           18 S L39 AND IMPOTEN?
L41           19 S L39 NOT L40
L42           17 S L41 NOT CASTRAT?
L43           16 S L42 NOT 3/SC,SX
                 SEL DN AN 9 L43
L44            1 S E1-E3 AND L43
L45            7 S L37,L44
L46          100 S L32 AND ?CAVERN?
L47           94 S L46 AND (ERECT? OR PENILE OR PENIS OR EJACUL?)
L48           64 S L47 NOT L33,L34,L36-L45
L49           25 S L48 NOT IMPOTEN?
L50          558 S L5 OR L8
L51          678 S SILDENAFIL OR SILDENAFIL (L) CITRATE OR VIAGRA? OR VARDENAFIL
L52          712 S L50,L51
L53            5 S L45 AND L52
L54            7 S L45,L53
L55           13 S L52 AND EJACULAT?
L56            7 S L52 AND EJACULAT?(L)PREMATUR?
L57           10 S L54,L56
L58            5 S L55 NOT L57
                 SEL DN AN 4 5
L59            3 S L58 NOT E4-E9
L60           13 S L57,L59
                 E BOOLELL M/AU
L61            4 S E3,E4
L62            4 S L61 AND L1,L9-L60
L63           16 S L60,L62
L64            3 S L63 AND PFIZER?/PA,CS
L65           16 S L63,L64
L66           10 S L65 AND (?PHOSPHODIESTERASE? OR PDE?)
L67            6 S L65 NOT L66
L68           14 S L65-L67 AND (PREMATUR? OR EJACUL? OR ?CAVERN? OR CORPUS)
L69           16 S L65-L68
                 SEL HIT RN

    FILE 'REGISTRY' ENTERED AT 16:52:19 ON 17 DEC 2002
L70            7 S E1-E7
L71            1 S L3 AND L70
L72            6 S L70 NOT L71

    FILE 'REGISTRY' ENTERED AT 16:53:02 ON 17 DEC 2002

    FILE 'HCAPLUS' ENTERED AT 16:53:51 ON 17 DEC 2002

    FILE 'MEDLINE' ENTERED AT 16:54:36 ON 17 DEC 2002
L73         1252 S L50 OR L51
L74         2503 S L32
                 E PREMATURE EJACULATION/CT
                 E PREMATURE/CT
                 E EJACULATION/CT
                 E E3+ALL
L75         3569 S E5
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L76          13 S L73,L74 AND L75
L77           7 S L73,L74 AND PREMATUR?(L)EJACUL?
L78           5 S L76 AND L77
L79          10 S L76,L77 NOT L78
                SEL DN AN 1 5
L80           2 S E1-E6 AND L79
L81           7 S L78,L80 AND L73-L80
L82           5 S  L81 AND ?PHOSPHODIESTERASE?
L83           7 S L81,L82

     FILE 'MEDLINE' ENTERED AT 17:00:28 ON 17 DEC 2002

     FILE 'BIOSIS' ENTERED AT 17:00:44 ON 17 DEC 2002
                E BOOLELL M/AU
L84          13 S E3,E4
L85         991 S L52
L86           5 S L85 AND PREMATUR?(L)EJACULAT?
L87           4 S L86 NOT SEROTONIN/TI

     FILE 'BIOSIS' ENTERED AT 17:03:15 ON 17 DEC 2002

     FILE 'EMBASE' ENTERED AT 17:03:33 ON 17 DEC 2002
L88        2036 S L52
L89          30 S L88 AND PREMATUR?(L)EJACULAT?
                E PREMATURE EJACULATION/CT
                E E3+ALL
L90          28 S L88 AND E1
L91          30 S L89,L90
L92           0 S L91 AND BOOLELL M?/AU
L93           0 S L91 AND PFIZER?/CS
L94          21 S L91 AND PY<=2000

     FILE 'EMBASE' ENTERED AT 17:07:14 ON 17 DEC 2002

     FILE 'WPIX' ENTERED AT 17:07:31 ON 17 DEC 2002
L95         165 S L51
L96          63 S L51/ABEX
L97         176 S L95,L96
L98           3 S L97 AND (PREMATUR?(L)EJACULAT?)/BI,ABEX

     FILE 'WPIX' ENTERED AT 17:08:24 ON 17 DEC 2002
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